COPING WITH AN UNCERTAIN LOSS: ASPECTS OF BEREAVEMENT IN TWO FAMILIES WITH AN ABDUCTED CHILD

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by

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An abstract of a Dissertation by
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The problem. Assuming the form of a clinical case study, this research project was an exploratory study of the family dynamics operative when a child is abducted by a non-family member. The problem of the study was to investigate, compare, and categorize the coping patterns of two families against the framework of attachment theories as described by John Bowlby.

Procedure. The author conducted a series of structured interviews with two families to explore and assess clinical dynamics of bereavement and coping strategies. The results were categorized against the backdrop of attachment theories developed by John Bowlby.

Findings. The Bowlby model provided an adequate, if not complete, means of assessment of bereavement processes in the two families. One subject adopted a chronic mourning style while the other demonstrated a pattern that focused on a continued search for their son and which disallowed conscious grieving. Both subjects were observed to be unfinished in the grief process. The uncertainty of the loss seemed to be the prime factor that prolonged grief in both subjects.

Conclusion. The Bowlby model was acceptable in defining general grief reactions of the subjects. Each family remained in the grief process for prolonged states which was a taxing problem. Parental commitment to the child remained strong in both cases, however. Although differing in degrees, each subject retained a sense of hope for the safe recovery of the abducted child.

Recommendations. Recommendations of the study focused on clinical assessment points for professionals involved in bereavement counseling. Unique family, parental, and sibling dynamics were highlighted. Personal awareness issues of the counselor also were discussed. Further research topics included investigating a multi-disciplinary team approach in solving the problems of childhood abduction and studying grief reactions relevant to various childhood and family life developmental stages.

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CHAPTER ONE

Introduction

The dynamics surrounding missing children have long been recorded in oral as well as written histories of various cultures. As studies of ancient, remote, and even present societies revealed, some children were and are victimized by their adult counterparts. References in folk stories and literature can be found pertaining to the disappearance of children for reasons of sexual exploitation, religious sacrifices, or for slave labor. Some of these practices occurred with parental and cultural assent while others took place secretly and often violently. As themes of history reoccur, the problem of child abduction has come to the forefront of American and global attention. Despite the increased media coverage, both parental and professional efforts to understand and intercept this process seem fixated in the infantile stages.

Part of the confusion surrounding the issues of missing children appeared to rest in the estimated scope of the problem. Governmental agencies and private corporations varied widely from guessing that anywhere from 500 to 50,000

children per year were reported as missing.[1] Although political quibbling over the reported data appeared to compound the problem, it also seemed to serve the functions of avoidance and denial of reality about missing and abducted children.

Related to the preceding confusion, local, state, and federal authorities often differed over territorial jurisdiction and sanctioned powers to investigate and track leads of missing children. False leads, prank tipsters, and conflicting reports all added more intrigue to an already mind-boggling field of endeavors to locate missing children. To cap the scene, Jay Howell, a Justice Department consultant on missing children, stated, "The abduction of a child is often a friendly encounter leaving no evidence behind to suggest the nature of the disappearance."[2] Consequently, abductions of children were alarmingly easy to arrange. The ensuing emotional and political turmoil made resolution of the problem quite difficult. The fate of the children often remained a mystery for extended periods, including months and years. The families of such children also were victims in that the morass of feelings raised via child abduction was

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[1]David Gelman, "Stolen Children," Newsweek, 19 March 1984, p. 78.

[2]Ibid., p. 79.

immobilizing to the remaining family members. Professionals involved in the area of treating these families struggled with effective interventions as well. This study was designed to further the exploration of parental and family dynamics that occurred when a child was abducted from a family. The provision of clinical assistance to these families coping with an uncertain loss was a prime objective of this report.

Rationale for the Study

The clinical dynamics of and the advocacy for children have been central pursuits of this author personally and professionally. Comprising a significant segment of the population, children have received only sporadic representation and attention. A comprehensive plan geared to their developmental needs and protection has yet to be enacted. Although progress was noted in select legal and governmental hierarchies, a wide gap remained between the espoused value of children and the actualized behavior toward enhancing the position of children.

This was especially true in the arena of child and adolescent abductions. Despite the increase of national and international attention to the crisis, the resolutions and interventions to children and their respective families were generally held to be unsatisfactory and unorganized. This area of missing children possessed a myriad of issues and

challenges. Some of these challenges required immediate aid such as the coordinated attempts to locate allegedly abducted children. Other subsets of this global problem also demanded attention. This researcher was particularly interested in exploring the clinical dynamics that family members experienced when a child or teenager was suddenly removed from his environment. Established theories of grief processes hypothesized the normal reactions of dealing with either an anticipated or actual death. Complications to typical dynamics and pathological mourning processes also have been substantially developed. Although these theoretical systems approximated a model for comprehending loss via kidnapping, they did not examine the unique aspects involved with an uncertain loss.

Explorative studies in the area of ambiguous losses were seen as helpful in determining the experiences of families and their coping adjustments to the problem. Clinical assessment and intervention strategies could then be purposefully designed against the backdrop of focused and clarified sets of symptomatologies. The most eloquent goal, of course, was to understand and to help alleviate the emotional turmoil of families surrounding the traumatic absence of a child. To help them use personal, interpersonal, and social resources in coping with this loss was a prime and central ambition of this study.

Therefore, the rationale of the study was the

refinement and extension of the Bowlby attachment model to help explain bereavement dynamics in families with an abducted child.

Statement of the Problem

Since this research project was of the clinical case study design, the exploration and examination of selected bereavement aspects among families with abducted children were the chief concerns. The problem of this study was to investigate and categorize coping patterns of two such families against the framework of an established attachment theory as postulated by John Bowlby.

Questions to be Answered

1. What types of bereavement and grief reactions do selected families with abducted children exhibit?

2. How do such grief reactions relate to established attachment and loss theories?

3. What recommendations for professional intervention can be drawn from the study of these selected families with abducted children?

Significance of the Study

A review of related literature in the field of childhood and adolescent abduction revealed that scant published research was available. Although papers existed on actual grief processes of families upon the death of a

child, most of these works only approximated the issues surrounding the uncertain knowledge of the welfare or whereabouts of the child when a supposed abduction occurred.

This study more closely addressed such gaps in the professional literature and aimed to contribute toward a more thorough clinical understanding of these processes. This exploratory research was geared to expose these unique areas of loss to further clinical assessment and intervention to families who sustained such a traumatic loss.

Definition of Terms

In this study, the term abducted referred to the sudden disappearance of a child who was believed to have been kidnapped by an unknown person. The author recognized the professional, public and governmental ambiguities with the terms missing children, abducted children, and runaway children. Although each category required attention, this project focused on the issues of abduction.

The phrases grief, mourning, and bereavement were taken from Rando. Grief has been defined as a process of psychological, social, and somatic reactions to the perception of loss. The concept of mourning included the dual aspects of grief derived from psychoanalytic theories and from the cultural responses to grief. This author supported the idea that no one grief reaction was

appropriate but that individual styles were a combination of intrapsychic and cultural factors operative in various degrees. The word bereavement implied the state of having suffered a loss.[1]

Assumptions

For this study, the following assumptions were made:

1. Existing bonding and attachment theories were satisfactory guides in examining family losses by virtue of death but not abduction. Though these models were based on actual death experiences, this project applied such principles to the unique problems of uncertain losses sustained through childhood abduction.

2. The families that were interviewed were able to resurrect and reflect upon the range of emotions concerning loss over the course of time. The clinical experience the researcher brought to the interviews helped in soliciting desired information.

Limitations

The following limitations are predicted to be present in this case study approach:

1. The sample size of two families will disallow generalization of findings to the culture at large.

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[1]Therese A. Rando, Grief, Dying, and Death: Clinical Interventions for Caregivers (Champaign, IL: Research Press, 1984), pp. 15-16.

2. The two cases selected may have degrees of contamination due to geographic proximity and intense local as well as national media attention.

3. The interview responses may have been less focused concerning clarity and accuracy given the passage of time from the abduction up to the present.

Methodology

The research design of this study adhered to the practices and procedures involved in conducting a clinical case study.[1] To attain a perspective on previous public interviews, the author researched media coverage prior to holding clinical interviews.

With the use of a structured interview guide validated by a panel of selected clinicians, this researcher conducted a series of interviews with the subjects. The use of an audio tape recorder assisted in recording verbatim statements so as to enhance subsequent analysis of the bereavement processes. The goal was to hold a sequence of interviews with both subjects over the course of five months. The length of time was chosen not in terms of longitudinal issues but rather as a means to collect as much data as possible from the subjects through an interview format. The data later was compared and categorized against

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[1]Walter R. Borg and Meredith D. Gall, Educational Research (New York: Longman, 1983), pp. 488-92.

appropriate grief models for purposes of assessment and clarification of the dynamics central to the abduction of a child. Recommendations for professional interventions were then based on the observed dynamics that the subjects demonstrated.

Organization of the Study

The data gathered in this study is presented in the following format:

Chapter One deals with the rationale of the topic, statement of the problem, the significance of the problem, definition of terms, assumptions of the study, and limitations of the study.

Chapter Two comprises a review of the related literature.

Chapter Three describes the study design and methodology used in data collection.

Chapter Four presents and categorizes the data collected.

Chapter Five presents a summary of the results, conclusions, recommendations, implications for further research, and a discussion of further clinical interventions to families with an abducted child.

CHAPTER TWO

Review of Related Literature

Background of the Study

A systematic review of published professional literature showed a relative absence of knowledge addressed specifically to families of children who were believed to have been abducted. References were noted about individual or mass kidnappings with a financial ransom expected. With these cases, however, the family had a general awareness of the welfare of the child and of the process required for release and reunion with the family. Even the literature addressed to the dilemma of families with adult children classed as "Missing in Action" did not seem adequately transferable to the purpose of this study. Again, the families had at least a tenuous awareness of why their adult child was not present and of an approximate location of the child.

A closer approach to the study was found via media releases that certain dictatorial governments had authorized the removal of children from parent custody for purposes of "re-education" or other propaganda-like statements. Study of these people and their coping mechanisms did not appear to be readily available at the time of this research

project.

Although the public at large has not grasped the full implications of child abduction, first-hand reports of grappling with this problem provided degrees of understanding to the dynamics that families with missing children experienced. The lay press and agency publications contained the most current and detailed plights of these families.

Personal Testimonies

Graphic and poignant insights into the realm of child abductions were found via the personalized testimonies of families who have publicly described their situation. The last five years have witnessed increasing national media coverage of selected families who have shared their pain. One mother stated, "Our hearts hurt, our stomachs hurt. We thought of him being tortured or murdered."[1] Another father, whose son had been missing for a prolonged period, commented,

> Don't think we're bricks. We're getting counseling and I think some kind of therapy is needed in a situation such as ours. What makes it more difficult than a mugging or a homicide is there is no resolution. We have no evidence he is dead and no evidence he is alive. The first week we couldn't eat, we didn't think we could survive one month without him. That in May it will be

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[1]Gelman, p. 78.

five years is something that when it started would have seemed inconceivable.[1]

After one year of alternating hope and despair over not locating her stepson, one parent related, "When something dear is taken from you, it's like part of you is gone, too."[2]

Even though this report did not study parental abduction of children, this traumatic phenomena also was noted. Most authorities indicated that separated parents accounted for a much larger percentage of the missing children numbers across the nation. Perhaps this was the reason that parents of abducted children often incurred yet another stress of official and public origin. The parents themselves sometimes were considered suspects in the disappearance of their own child. Several of these parents were required to undergo polygraph examinations either to help exonerate or implicate them in the disappearance. One mother resorted to furnishing a copy of the death certificate of her first husband to disspell rumors that he was indeed alive and responsible for the kidnapping of her son.[3] Another mother reported to a Senate subcommittee in 1981 that "people made up their own" explanations to

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[1]Gelman, p. 81.

[2]Mr. & Mrs. A, confidential interview, 13 August 1985.

[3]Gelman, p. 85.

childhood abductions when none existed.[1] In a partial explanation for this apparent irrational behavior, Harold S. Kushner wrote in his book, When Bad Things Happen to Good People:

> The misfortunes of good people are not only a problem to the people who suffer and to their families. They are a problem to everyone who wants to believe in a just and fair and livable world. They inevitably raise questions about the goodness, the kindness, even the existence of God.[2]

In a desperate and frantic search for meaning, one couple began to be frightened by the logic of their own reasoning. "Paranoia, I have to stress paranoia,"[3] one stepmother emphatically stated in describing how family life had been altered since the abduction. This woman explained that she and her husband suspected that private investigators as well as members of the extended family were involved in the abduction. "We've got to believe that (name withheld) has something to do with us. If we don't, we don't have anything, no hope," she added.[4]

One of the more compelling parental accounts of having a child kidnapped came from the book, The Lost Child, by

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[1]Gelman, p. 85.

[2]Harold S. Kushner, When Bad Things Happen to Good People (New York: Avon Books, 1981), pp. 6-7.

[3]Mr. & Mrs. A, personal interview, 27 August 1985.

[4]Mr. & Mrs. A, personal interview, 27 August 1985.

Marieta Jaeger. This mother recounted a period that spanned sixteen months of uncertainty as to the whereabouts and welfare of her daughter who was abducted while on a Montana camping vacation. A unique feature of this tragedy was the contact the family had with the kidnapper over the telephone. The abductor periodically phoned the family, often taunting them with clues and hints that their daughter, Susie, was alive. Typical of the statements were the following, "Is this Susie's Mom? I'm the guy that took her from you exactly a year ago, to the minute, today."[1] "I've gotten used to having her with me and we've had quite a time together, travelling all over the West.",[2] and "you're never gonna get your daughter back!"[3] Two chapter titles in the book portrayed predominant themes of the family as Mrs. Jaeger chronicled them in "A Ravaged Heart" and "A Family in Waiting." Ultimately, the family located the remains of Susie but not until they experienced a prolonged period of torturous uncertainty.

At this writing, some of the missing children have been located. One young man was reunited with his family following an absence of seven years in the hands of an

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[1]Marieta Jaeger, The Lost Child (Grand Rapids, MI: Zondervan, 1983), p. 72.

[2]Ibid., p. 73.

[3]Ibid., p. 93.

abductor. In describing his present day coping, this eighteen-year-old said, "We're all emotionally strained. I don't cry--in seven years. I built a wall around myself. If I could, I might not stop."[1]

Not all families were this fortunate. The parents studied in this report were unaware of the welfare of their child. Reflecting the uniqueness of psychosocial constitutions, each parent or family adopted a particular coping style in dealing with this ambiguous loss. Some parents reported a temporary to chronic depressed state, relying on associates to maintain their daily functioning. Other bereaved parents assumed an almost matter-of-fact stance in the unrelenting duties of caring for other children, in comforting one another, and in sustaining energies for work. Pleasure, recreation, and pursuing avocations occurred sporadically as families struggled with "having fun" while a family member was absent. Yet another segment of families was able to mobilize resources to raise funds for a search for the child, to attract national media coverage, and to even effect legislative action geared toward enhancing the protection of children. More and more, these families were able to establish private, non-profit agencies to spearhead the efforts directed toward missing children.

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[1]Gelman, p. 82.

Agency Involvement

Singular work to organize volunteers and public sentiment frequently had small, grass roots origins. With a combination of administrative expertise, community supportive, and timely media coverage, these efforts were expanded into organizations with varying scopes of influence. (A directory in Appendix A lists several such agencies.) Combined energies are needed to keep the issues of abducted children before the public and legislative bodies. As with many fledgling organizations, these child-focused centers relied heavily on the use of volunteer efforts. In the words of one father who expressed appreciation for these volunteers, "The people have just been great! They're out there looking for the kids. If anyone finds my son, it'll probably be the volunteers."[1]

As the majority of the self-help centers examined was non-profit, the ongoing work depended heavily on public, private, corporate, and governmental funding. The demanding and time-consuming work often was frustrating as long stretches of time passed before any sign of productivity took place. Even more frequently, these signs or motivators toward encouragement did not happen at all. What kept those who donated time and labor committed to such a task? In

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[1]Mr. A, confidential interview with father of missing son, 27 August 1985.

interviews with a dedicated volunteer, this researcher noted such themes as collective guilt from previous apathetic calls for public assistance, shock and dismay that children are abducted, a compelling desire to help families in distress, and expressions of indignation that such crimes occur. This particular individual also expressed a belief in the grass roots model of action in contrast to the lethargy of "red-taped" bureaucracies.[1] In their study of bereavement processes, Parkes and Weiss suggested that the loss of a significant person can set in motion the defensive mourning processes of the larger community. Mass communication systems enable segments of the public to become mobilized for positive responses and protection from further injuries.

> If conditions are wrong, the death of one can lead to the death of ten, the death of ten to that of a hundred, and the death of a hundred to the kind of escalation whose effects already mar the history of mankind. But reactions may be of another sort entirely, including insistence that help be extended to the suffering, that killing end, that there be a stop to the making of victims. Out of the stress created in us by death and by grief may spring a discontent where consequences are creative rather than destructive.[2]

One concrete and constructive avenue that child abduction centers adopted was to publish brief accounts of

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[1]Volunteer A, personal interview, 10 September 1985.

[2]Colin Murray Parkes and Robert S. Weiss, Recovery from Bereavement (New York: Basic Books, 1983), p. 4.

both still missing children and of those children whose remains have been located. This service has resulted in the raising of public consciousness of the scope of the problem and in promoting additional leads through sightings of victims. The visual images of the children were aids to recognition. The posters added an intimate, personal touch to a hazily defined international problem.

Abduction and Models of Grief

As mentioned earlier, this researcher undertook the study of childhood abductions in order to investigate unique grieving reactions of those family members who suffered such a loss. The complexity and mystique pervading the area of missing children and their shaken families were seen as contributing to the blockages of dealing with the loss of a family member. In an effort to lend structure and a sense of order to the pain these people experienced, established and generally accepted grief models and theories were reviewed. Although the models studied discussed grief and mourning processes following an actual death, the overall dynamics and phases of grief were assumed to be applicable to families who remained uncertain about the fate of their children. The earlier psychoanalytic field of dealing with loss has shaped subsequent authors and their clinical premises. The works of Parkes, Weiss, Bowlby, and Spiegel have been significant influences on this study of uncertain

loss.

After a substantial review of classic grief positions, this researcher found a relatively succinct and complete arrangement of models offered by Beverly Raphael in her book, Anatomy of Bereavement.[1] The following paradigms of bereavement were taken from her study of mourning as she described seven models of viewing grief. The author references in subheadings one through seven can be located in the Raphael text.

1. Transcultural Aspects

Various tribal and societal rites and ceremonies surrounding losses through death were discussed. Of note was the point that people around the world have developed ways and means of managing the loss, symbolic and literal, of those significant to them. Attitudes toward death, loss, and rituals promoting positive dynamics seemed to exist in global fashion. Other authors have concluded that three general response patterns to loss can be detected in any culture. These reactions consisted of death-accepting, death-defying, or death-denying attitudes.[2] A denial of death especially appeared to inhibit or block not only a cultural but also a familial appropriate and productive

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[1]Beverly Raphael, Anatomy of Bereavement (New York: Basic Books, 1983), pp. 68-73.

[2]Rando, p. 5.

response to a major loss.

2. Psychodynamic Models

This perspective of dealing with loss relied heavily on Sigmund Freud and his paper published in 1917, "Mourning and Melancholia." The dynamics that Freud labeled as identification with the lost person, hypercathection to this prized object, and a gradual decathexis along with universal ambivalence in relationships are now commonly accepted as fundamental to "grief work." Yorick Spiegel has postulated both phases of mourning that are predictable as well as typical grieving styles that are used to cope with loss. References to these styles are noted later in this study. Finally, John Bowlby has composed a more thorough summary of the psychoanalytic field in Volume II of his trilogy on attachment, separation, and loss.[1] Despite the initial gains and the analytic field made in comprehending grief, the author agreed with Raphael as she concluded,

> As Bowlby (1980) notes, much of the analytic discussion of mourning and bereavement is based on clinical studies and attempts to understand depression rather than normal processes of response to loss. Hence some of these may be difficult to generalize to normal bereavement.[2]

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[1]John Bowlby, Attachment and Loss, Volume II: Separation, Anxiety and Anger (New York: Basic Books, 1973), pp. 375-98.

[2]Raphael, p. 68.

3. Attachment Theory

John Bowlby has assumed the pre-eminent position of this model. Issues of initial bonding mechanisms between a child and primary caregivers were at the heart of his system of describing loss and its subsequent results. Both positive and dysfunctional bonds were seen as possible which altered the course of dealing with loss. Given that bonds or emotional connections could be invested in both a tangible physical being as well as in esoteric ideals, a serious threat of loss engendered exceptionally strong attachment behaviors such as clinging, crying, anger, and protest. These behaviors, Bowlby believed, represented efforts to rejoin or regain the lost object and to serve as energizers in overcoming obstacles that block reunion. If the bond was restored, such behaviors tended to subside. In further describing the process of attachment theory, Raphael added,

> When the effort to restore the bond fails, then behaviors may fade, only to return when cues activate them, such as reminders of the lost person or unmet needs. The behavior remains, as Bowlby suggests, "constantly primed" and may become reactivated. This leads to chronic stress and distress. Eventually these behaviors become extinguished, and new attachment bonds are formed, or it may be that in some instances the relationship persists in altered form in fantasy, and this for some may be the preferred solution. In others, it may be that the chronic stress or distress persists, leading to ill health.[1]

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[1]Raphael, p. 69.

To elucidate the process of dealing with significant loss, Bowlby postulated four phases of mourning. He acknowledged the sequential, developmental, and yet not static order of the phases as follows:

1. Phase of numbing that usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger.
2. Phase of yearning and searching for the lost figure lasting some months and sometimes for years.
3. Phase of disorganization and despair.
4. Phase of greater or less degree of reorganization.[1]

Bowlby and additional researchers have listed variables that determine the longevity and degree of pain resolution related to loss. As the Bowlby research can be applied to any major loss, his work was readily applicable to the dynamics encompassing childhood abductions. The actual physical loss of a child and the resulting emotional reactions could then be plotted against the four mourning phases. Attachment theory also accounted for the uncertainty of unresolved grief that parents reported in describing their disrupted and displaced lives. The details of the four phases have received supplementary attention later in this research section.

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[1]John Bowlby, Loss: Sadness and Depression (New York: Basic Books, 1980), p. 85.

4. Changes in the Assumptive World, Personal Constructs, and Cognitive Models

Parkes also dealt with affectional bonds as a person incorporated and identified with a love object, building an "assumptive world" about these bonds and the world at large. At times of significant stress or loss, the person was required to relinquish these assumptions and to develop new ones to accommodate change. Self-identity issues were a central part of this process as the griever learned to consider himself and his psychosocial environment in a new fashion.

Woodfield and Viney, Horowitz and Horowitz et al. represented the personal construct and cognitive models of grief and loss. These researchers felt that the sense of personal displacement forced a bereaved individual to re-evaluate his personal definition of self and perceived order of life events when a loss occurred. Again, identity, social roles, and expectations of world order were involved in the accommodation processes to loss and the changes that loss initiated.

5. Stress Models

Many researchers have spoken to the concept of grief as "work," following Lindemann and his study of the survivors of the Coconut Grove Ballroom fire in Boston in 1944. Caplan also addressed the aspects of helplessness and frustration when previous coping strategies crumbled under

severe stress. Students of grief and mourning in the stress model appeared to agree that the support of family and extended social networks was central in helping the victims of grief.

Dr. Myrna Grandganett has extended the stress concept of grief to incorporate a posture based on overall wellness of the individual.[1] Central to this concept was the degree of responsibility a person perceived over the care of self, ownership of choices, self-direction, and the holistic care of body-mind-soul that a person attended to before incurring a loss. The higher a person lived on the wellness scale, she believed, had much to do with how the stress of grief was managed. (Details of this grief position are outlined in Appendix B.)

6. Grief as an Illness and Disease Models

The precursors of this particular stance, Lindemann and Engel, both noted constellations of symptoms sparked by a grief reaction. Phases and stages also were developed with such syndromes. This model seemed to lend itself to the study of complicated, aborted, denied, or delayed grief reactions. All of these variants have received attention since many of the "patients" directly sought medical attention or were referred to the medical community

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[1]Myrna Grandganett, "Ideas on Wellness," Religion 119, Drake University, Fall, 1985.

following decompensated behaviors.

7. Sociobiological Model: Grief in the Evolutionary Context

The biologic determinants of grief were studied under this model with Averill and Charles Darwin representing the field. Raphael summarized that facial distortions and specific mourning behaviors attracted attention from support groups among humans and higher primates.

> Thus the bereaved brings others to him. This drawing together reaffirms the social group, and, the ongoing life of the species. That grief, mourning, and the bereavement reaction evolved together as a distinct biopsychosocial behavioral system to ensure the survival of the human group and the human species is an attractive concept, perhaps chiefly because it gives the pain of death and loss a purpose and immortality.[1]

After considering the seven models of bereavement outlined by Raphael, this researcher felt drawn most closely to the attachment concepts. Because of similar constructs about bonds, relationship formation, and fragmentation of relationships through loss, the current writer drew chiefly from this position which Bowlby clearly articulated.

Phases of Mourning

Since the study of grief, bereavement, and mourning presented many emotional tasks and hurdles to its challengers, a theoretic guide of predictable stages with an ordered sequence was considered to be useful to both the

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[1]Raphael, p. 73.

mourner and the caregiver involved in such a process. This distressing work has been described as both physically and emotionally draining of those who have experienced a loss. Bowlby emphatically stated:

> Loss of a loved person is one of the most intensely painful experiences any human being can suffer. And not only is it painful to experience but it is also painful to witness, if only because we are so impotent to help. To the bereaved nothing but the return of the lost person can bring true comfort; should what we provide fall short of that it is felt almost as an insult. That, perhaps, explains a bias that runs through so much of the older literature on how human beings respond to loss. Whether an author is discussing the effects of loss on an adult or child, there is a tendency to underestimate how intensely distressing and disabling loss usually is and for how long the distress, and often the disablement, commonly last. Conversely, there is a tendency to suppose that a normal healthy person can and should get over a bereavement not only fairly rapidly but also completely.[1]

To help lend a more distinct clinical orientation to the study and process of mourning, Bowlby developed a series of four successive grief phases. His work appeared to be in congruence with other researchers who all varied somewhat in the number of definitive steps of grieving.

1. Phase of Numbing

An initial response to loss seemed to be one of shock, disbelief, or denial. In his work, Bowlby typified this stage with such comments as, "I just couldn't take it all

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[1]Bowlby, Loss: Sadness and Depression, pp. 7-8.

in," "I was in a dream," or "it just didn't seem real."[1] Along with reactions of feeling stunned and overwhelmed, people in this phase also were characterized by feelings of intense anxiety, anger, panic, or by apparently protective defenses of euphoria.[2] As a person experienced the shock of loss, the supportive community became increasingly important. When injured, physically or symbolically, mourners sometimes turned to others for protection. Daily tasks such as work details and care of possessions were either delegated to or assumed by the network of friends. In fact, Parkes and Weiss state:

> It would seem from this analysis that there are, in fact, good biological reasons for classing the social situation of the newly bereaved alongside that of the sick and wounded. Both are distressed, both are in need of care and protection, and both arouse anxiety in others.[3]

2. Phase of Yearning and Searching for the Lost Figure: Anger

Following the first stage of numbing, a second reaction was observed in the realization but not necessarily in the acceptance of the loss. Commonly reported feelings consisted of intense and protracted longing, outbursts of sobbing, restlessness, insomnia, preoccupation with the presence of the absent person, interpretation from signals

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[1]Bowlby, Loss: Sadness and Depression, p. 86.

[2]Ibid.

[3]Parkes and Weiss, p. 4.

and cues that the absent person had returned, and vivid dreams of the lost person as alive and vital.[1]

Anger, noted by Bowlby and virtually all other students of mourning, appeared to be a predominant reaction of Phase Two. Bowlby postulated two states of mind of the mourner, both involving anger. In one position the mourner believed that loss has occurred and then dealt with the pain and hopeless yearning that ensured. On the other hand, disbelief of the loss also occurred accompanied by hope that all was well and by an urge to pursue the lost person.[2] Parkes suggested that the search included physical as well as emotional preoccupations. He listed components of such searches as entailing:

a. Restless moving about and scanning the environment;

b. Thinking intensely about the lost person;

c. Developing a perceptual set for the person, namely a disposition to perceive and to pay attention to any stimuli that suggests the presence of the person and to ignore all those that are not relevant to this aim;

d. Directing attention towards those parts of the environment in which the person is likely to be found;

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[1]Bowlby, Loss: Sadness and Depression, p. 86.

[2]Ibid., p. 87.

e. Calling for the lost person.[1]

Returning to the emotion of anger, researchers have observed that episodes of verbal and even physical assault were possible in this stage of yearning and searching. Paradoxically, anger in the mourner often alienated the comforting community by statements or behaviors reflecting ingratitude, hostility, envy, or a strong desire for withdrawal. Such reactions were designated as normal and predictable in the course of mourning despite their negative consequences. Positively speaking, this type of anger energized the mourner to deal with a loss or to overcome obstacles to a reunion with the lost object. Of concern, however, was the permanency of anger and inappropriate, prolonged reproach toward others. These stances tended to distance others and delayed a positive resolution to loss. Even in these situations, anger took on a protective stance as Bowlby described, "So long as anger continues, it seems, loss is not accepted as permanent and hope is still lingering on."[2]

Finally, the emotional reaction of deep and pervasive sadness also took place in the second phase of mourning.

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[1]Bowlby, Loss: Sadness and Depression, p. 88.

[2]Ibid., p. 91.

The victim of loss was seen as beginning a realistic assessment that a reunion with the loved one was improbable. If the search proved fruitless, feelings of enervation were noted along with possible depletion of financial and emotional resources. A vascillation between idealizing the lost person and attempts to void the environment of reminders of the loss were documented.[1] Raphael emphasized an idealization process particularly of lost children wherein parents viewed the child as a "perfect, beautiful, and brilliant individual against which all others pale."[2] This undue imagery of the child led to increased notions of hostility and depression characteristic of the next phase of mourning.

3. Phase of Disorganization

Consistent with a developmental perspective on mourning, Bowlby viewed passage through this difficult and debilitating phase as necessary for a favorable outcome in managing loss. Depression, lethargy, and apathy were all observed as mourners became aware that previous behavioral and cognitive patterns were no longer effective in part or in whole to face the new challenges of life. Also, selected aspects of identity were dashed with reconstruction of the self required. This phase appeared to determine the

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[1]Bowlby, Loss: Sadness and Depression, p. 92.

[2]Raphael, p. 274.

direction relative to positive or conflicted grief resolution. Parkes and Weiss classified the most common bereavement styles as: (1) typical grief; (2) chronic grief; (3) inhibited grief (with some partial or distorted expression of grief); and (4) delayed grief. Various psychosomatic manifestations of grief also were known to occur.[1] Although a host of factors has been studied as to relative contributions to grief, the field seemed to boil down to two main categories: (1) factors that discouraged the expression of grief, and (2) factors that discouraged the ending of grief.[2] Specific factors such as sudden and untimely loss, social influences, a denial of death with corresponding absences in loss rituals, sex, and age were all involved in determining the degree of grief expression. Factors involved in grief perpetuation included the nature of the relationship with the lost person, the personality constructs of the survivor, and the surrounding social circumstances.[3] (Appendix C contains other factors leading to healthy or dysfunctional outcomes of grief.)

4. Phase of Reorganization

This last phase of mourning tended to blend with the previous stage to varying degrees. Gorer felt that

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[1]Parkes and Weiss, p. 15.

[2]Ibid., p. 16.

[3]Ibid., pp. 17-19.

insight to the successful transition of the phases was found in the fashion of dealing with spoken condolences to the mourner. Grateful acceptance of this social custom was considered to be a reliable sign of productive grief processing.[1] Bowlby added further behavioral clues which included adaptive assumption of new skills and roles such as shifts to "bread-winner" or "house-decorator."[2]

He stated with more emphasis:

> It is important here to note that, suffused though it may be by the strongest emotion, redefinition of self and situation is no mere release of affect but a cognitive act on which all else turns. It is a process of "realization" (Parkes, 1972), of reshaping internal representational models so as to align them with the changes that have occurred in the bereaved's life situation.[3]

Some mourners appeared to actively retain dreams and memories of the lost person. In contrast to a compulsive drive to copy the lost person, identification dynamics allowed issues of identity to remain relatively intact. This process aided the phase of reorganization by allowing people to restructure their lives along already developed and meaningful lines.[4] (Appendix D contains variants of grief processes and contributing factors as developed by John Bowlby.)

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[1]Bowlby, Loss: Sadness and Depression, p. 93.

[2]Ibid., p. 94.

[3]Ibid.

[4]Ibid., p. 98.

Grief in the Family

The literature so far reviewed has focused on the individual and his particular means of grieving the loss of a significant other. Families as a group also have been studied in terms of grieving patterns. Some research showed that loss of a family member caused greater psychological stress in American cultures than in other societies.[1] Given the intense nature of the nuclear family unit separated geographically from family of origins, less maintenance and support were seen as available from the network of extended relatives. Intense reactions ranging from love and gratification to frustration and anger also exposed such American families to higher degrees of ambivalence in relationships which complicated reactions following loss.[2] Rando concluded, "All of this constitutes a situation of high vulnerability to stress for the individual in contemporary American society who is bereaved through the death of a loved one."[3] Also, a "multiplier effect" was found in families whereby individual emotional responses to loss were influenced by and influenced the reactions of others in the family as a group.[4] These factors all were recommended for consideration in assessing the impact of loss upon the family.

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[1]Rando, p. 329.

[2]Ibid., p. 330.

[3]Ibid.

[4]Ibid., p. 346.

This researcher adhered to such a systemic model of the family which concerned itself not only with the individual but also with his psychosocial environment. As a system, the family is marked by its unity, its sense of wholeness, by its relation of different subsystems to the whole system, and by its interrelationships with the more expansive systems of its community, society, and culture.[1] Virginia Satir elaborated upon four specific considerations of the family as a unit. They were:

1. Self-worth, the feelings and ideas a person has about himself;
2. Communication, the ways people work out to make meaning with one another;
3. Rules, guidelines people use to determine how they should feel and act;
4. Links to society, ways people in a family relate to other people and institutions outside the family.[2]

Briefly stated, as a system, the family both affects and is affected by its respective internal and external components.

The already established stress precipitated by the loss of one of its members was observed to lead to several changes in the family arrangement. Previous methods of and channels of communication, former alliances and coalitions, and general patterns of relating were all vulnerable to both immediate and long term disarray. As Raphael explained:

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[1]Raphael, p. 53.

[2]Virginia Satir, Peoplemaking (Palo Alto, CA: Science and Behavior Books, 1972), p. 3.

> The family view of itself, the family myth, may be impossible to maintain, and all that it avoided may have to be confronted. The threat to the integrity of the family unit may come not only through the change that loss of a family member brings, but also because that member may have occupied a key role in maintaining the system, or perhaps in regulating it in a crisis. Others may be unable to take over his roles and responsibilities. While the threat to its integrity may make family boundaries close over, individual members and the system itself may, in contradiction, desperately need the support, and care of other systems.[1]

To overcome and remain intact, a family and individual members were faced with the tasks of adapting to different roles and functions, maintaining constructive flexibility between itself and the larger community, communicating congruently and openly, and allowing for mutual comfort and consolation. Paul and Grosser held that unless the above parameters were observed, the family was vulnerable to blocked grief resolution with the possibility of pathology influencing succeeding generations.[2]

Of special importance to families with abducted children was the problem wherein one family member grieved in a fashion different from others or when a member was out of synchronization with the grief stage of the other family members.[3] Much distress and dischord developed which became

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[1]Raphael, p. 54.

[2]Ibid., p. 55.

[3]Ibid., p. 56.

difficult family "knots" to undo. This dynamic seemed to be most powerfully activated when the parents themselves were in conflicting grief styles or stages. As a result, nurturance toward the spouse or remaining children was adversely affected.

If a family could successfully manage the crisis of loss, however, it was possible to rebuild an even more effective and unified system with which to meet future tasks and pleasures.[1] Issues of identity reformulation, the nature of altered relationship patterns, vulnerability to loss, and anniversary phenomena all impacted on the ability of a family to constructively make transitions to its changed state. The following points were considered to be salient issues in assessing the probability of successful transitions:

1. The pre-existing relationship between the bereaved and the deceased.
2. The type of death (loss).
3. The response of the family and the social network.
4. Concurrent stress or crisis.
5. Previous losses.
6. Sociodemographic factors such as age, sex, culture, occupation, and socioeconomic position.[2]

(Appendix E lists a sample Family Assessment form.)

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[1]Raphael, p. 56.

[2]Ibid., p. 63.

Parental Reactions Upon Loss of a Child

Loss of a child either physically through death or symbolically via abduction brought on indescribable pain for parents overall. In partial explanation for this sense of loss, Raphael wrote:

> A child is many things: a part of the self, and of the loved partner; a representation of the generations past; the genes of the forebears; the hope of the future; a source of love, pleasure, even narcissistic delight; a tie or a burden; and sometimes a symbol of the worst parts of the self and others.
>
> The loss of a child will always be painful, for it is in some way a loss of part of the self. The death is likely to be complex; the death of babies and children are not expected in Western society, are even denied. In any society, the death of a young child seems to represent some failure of family or society and some loss of hope.[1]

In the study of unique grief reactions, Parkes and Weiss have identified a constellation of symptoms called the "Unexpected Loss Syndrome."[2] These authors described this syndrome as follows:

> It would appear that this syndrome is likely to occur following major losses that are both unexpected and untimely. It is characterized by a reaction that includes difficulty in believing in the full reality of the loss, avoidance of confrontation with the loss, and feelings of self-reproach and despair. As time passes, the bereaved person remains socially withdrawn and develops a sense of the continued presence of the dead person, to whom he or she continues to feel

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[1]Raphael, p. 229.

[2]Parkes and Weiss, p. 93.

> bound. But this feeling does not protect the bereaved person from loneliness, anxiety, and depression.[1]

In the study of grief theories, this depression that parents reported seems rooted in the premature breaking of family bonds. The unnaturalness of burying a child carried untold distress and grief. As such a bereaved parent, Harriet Schiff asked the question, "How could it be that a parent outlives a child?"[2] Such an event capsized the ordinary world view of the life to death process, stimulating disorientation that Bowlby investigated. Other researchers have also delineated the world of the bereaved parent. These emotional stages can be applied to parents of abducted children, particularly as the length of the disappearance lengthened. In writing of this aspect of grief work, Dennis Klass outlined three categories.[3] The first was one of estrangement over a peculiar loss. The supportive network also seemed anxious with the loss, gradually ceasing active support stances. Some parents referred to themselves as "outcasts" among former associates or as desperately clinging to their sadness of the loss.

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[1]Parkes and Weiss, p. 93.

[2]Harriet Sarnoff Schiff, The Bereaved Parent (New York: Penguin Books, 1978), p. 4.

[3]Dennis Klass, "Self-Help Groups for the Bereaved: Theory, Theology, and Practice," Journal of Religion and Health, 21 (Winter 1982), 311-12.

Letting go of sadness carried the metaphor of abandoning the child.[1]

A second unique parental reaction was one of exaggerated symptomatology in terms of psychosomatic illnesses or disturbing emotions. As parents grappled with the turmoil of loss, some appeared to ask the question, "Is this normal?", often with guilt, blame, and misinterpretation of spousal behavior being noted.[2]

Klass labeled the third parental reaction as a search for meaning. Anger gave sway to bitterness as the pain of separation intensified. Theologically speaking, parents tended to recall past offenses toward God as an explanation for their feelings of punishment. As parents approached this level, the duration and severity of grief were a function of the perceived preventability of the loss. Questions of "Why me?" and "Why?" came into play as well.[3]

Rando added to the select aspects of grief that parents encounter upon the loss of a child. She reiterated the cognitive dissonance of the untimely loss of a child. Loss of the parent role was a stressor that also was mentioned.[4] Rando continued by addressing two additional problems of parents facing loss: the absence of spouse

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[1]Klass, p. 312.

[2]Ibid.

[3]Ibid., p. 313.

[4]Rando, p. 187.

support and the task of caring for remaining children.[1] Disharmony between parents often manifested itself in self-expression emotionally, behaviorally, and sexually. Replacement children were often conceived in an effort to alleviate pain and guilt over a loss. If unresolved issues were located in such children, however, additional family dysfunction was predicted.[2] A common thread through all these parental reactions was one of guilt. The next subsection is addressed to this dynamic.

Parental Loss and Guilt

To examine this aspect of grief, Miles and Demi studied a group of twenty-eight bereaved parents and their emotional reactions to child loss. The findings of the project were based on the following conceptualized models of guilt in bereaved parents:

1. Death Causation Guilt is the sense that one somehow contributed to the child's death either directly or indirectly in some real or imagined way.... During this process they may think about ways in which they may have caused or contributed to the death by acts of omission or commission.

2. Cultural Role Guilt is a sense that one, in some way, failed to live up to self or societal expectations in the general parental role with the child. Cultural role guilt comes from feelings of "ought" and "should"

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[1]Rando, pp. 121-123.

[2]Ibid., pp. 124-125.

> which are often based on the cultural myth of parents as superhuman beings--always sacrificing, giving, loving, listening, accepting, pacifying, and protecting....
>
> 3. Moral Guilt is a sense that the death was somehow punishment or retribution for violating a moral, ethical, or religious standard.
>
> 4. Survivor Guilt, as identified by Lifton, is the result of the violation of the natural order of things. In our society it is considered unnatural for a parent to bury a child, as a child should out-live parents and carry on the family name and traditions to the next generation. Survival guilt is the resultant sense that somehow the parent should have died first.
>
> 5. Recovery Guilt occurs long after the child's death, when the parents begin to feel better, to enjoy life, and to resume living without so much focus and energy going into the grief process. Recovery guilt is a sense that one is violating a standard because one can again laugh, relax, and enjoy life even though one's child has died.[1]

Although the authors of the study cautioned against generalization to other populations, their subjects identified guilt as the most distressing reaction of loss. To deal with guilt, the subjects resorted to the use of rationalization, religious belief, keeping busy, reading and writing, biding time, avoidance, and forgiveness of self.[2]

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[1]Margaret Miles and Alice Demi, "Toward the Development of a Theory of Bereavement Guilt: Sources of Guilt in Bereaved Parents," Omega: Journal of Death and Dying, 14 (1983-84), 305-6.

[2]Miles and Demi, p. 311.

Further research in this area was indicated partly because guilt was behaviorally difficult to define. The above authors found that terms such as sick at heart, blameworthy, sinful, ashamed, deserving punishment, in error, culpable, derelict, reprehensible, unforgivable, wrong, evil, at fault, a failure, and a criminal all were clues to guilt assessment in bereaved parents.[1]

Coping Strategies

Since the loss of a child has been seen to be such a devastating experience, one would expect the psychological constitution of bereaved parents to be vulnerable. Adjustment and adaptation responses have been studied in order to better understand the parental management of child loss. Lynn Videka-Sherman studied a group of parents and based her results on a longitudinal survey of this sample. According to her:

> Coping strategies may be motivated by the need for relief as well as by the individual's striving toward "competence" or mastery of the stressful situation. Coping strategies mediate the individual's psychosocial adaptation to the environment.[2]

In the study, both personal and situational characteristics were recognized as major determinants of coping. A major

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[1]Miles and Demi, p. 303.

[2]Lynn Videka-Sherman, "Coping with the Death of a Child: A Study Over Time," American Journal of Orthopsychiatry, 52 (October 1982), 688.

function of the research was to investigate which, if any, avenues of coping were helpful in stress alleviation of bereaved parents. After a review of grief literature, and coping devices, the following choices were studied:

1. Escape was defined as a conscious or unconscious turning away from thoughts or feelings concerning the child.

2. Preoccupation was defined as a persistent flooding of thoughts of the child or the death.

3. Replacement was seen as psychological substitution of the lost love object with a new object of investment.

4. Altruistic behavior toward others in similar straits was considered as to its usefulness.

5. Cognitive reframing and a search for new meaning were studied as a means of grappling with loss. Religious belief was a specific point or example of this type of cognitive restructuring.[1]

The study of this middle-class to upper-middle-class sample led to these results:

1. Coping was seen as a constructive mediating variable in the parental adjustment to the loss of a child.

2. Escape and preoccupation were the least adaptive coping strategies across time. Although preoccupation was commonly listed as a coping choice, this style also was associated with persisting depression.

3. Parents who used altruism, replacement with another child, or role substitution were less depressed than parents who did not use these strategies.

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[1]Videka-Sherman, p. 689.

4. Although religiousness was connected with persistent depression, it also was associated with growth and decreased negative affect. The researcher felt that religiousness may have provided a "cognitive antidote" with which to gain a different sense of personal and global meaning.[1]

Another look at various coping strategies came from Yorick Spiegel who has identified three chief coping styles of loss during bereavement. He has labeled them as the Narcissistic Coping Mechanism, the Aggressive Coping Mechanism, and the Object-Libidinal Coping Mechanism.[2]

The Narcissistic Coping Mechanism was noted for:

1. A breakdown of reality testing including visual and auditory hallucinations, sensations of the deceased, altered dream states, and initiation of activities associated with the deceased.[3]

2. Denial and repression including avoidance, nummification of the environment, use of denial in fantasy, and ego splitting in more severe situations.

3. A searching momentum wherein the loss is not considered as final. More specifically, the searching takes the form of seemingly aimless hyperactivity, calling for the deceased, or roaming around in the hopes of finding him.[4]

4. And mania as characterized by euphoria, nonchalance, self-confidence, grandio ity, or relief.[5]

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[1]Videka-Sherman, pp. 696-97.

[2]Yorick Spiegel, The Grief Process: Analysis and Counseling (Memphis, TN: Abingdon, 1977), pp. 94-324.

[3]Spiegel, pp. 181-82. [4]Ibid., p. 207.

[5]Ibid., pp. 215-22.

The second coping mechanism of Aggression was subdivided as follows:

1. A protest or lamentation. This protest can be interpreted as a reproach against the missing person.[1]

2. A search for the guilty. A "craving for explanation" or an urge to seek out causality of the loss is highlighted in this phase. Blame and anger accompany the vigilant search for "Who caused this to happen!"[2]

3. An identification with the aggressor.

A variety of self-aggression was noted as the mourner wrestled with guilt over responsibility of the loss as well as remaining alive himself. Psychosomatic illnesses, morose graveside visits, self-denial and self-isolation, or identification of both positive and negative traits of the decreased all manifested themselves as traits of the aggressive style.[3]

The Object-Libidinal Mechanism, the third coping style, also had subdivisions which broke down as follows:

1. Helplessness as observed by exhaustion, apathy, inability to speak, and weeping.[4]

2. Recollection defined as remembering that the live object no longer exists followed by libidinal investment in another object.[5] Idealization of the lost person was a potential problem as a mourner attempted to

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[1]Ibid., p. 232.

[2]Ibid., p. 243.

[3]Ibid., p. 256.

[4]Ibid., p. 286.

[5]Ibid., p. 301.

praise and glorify the lost person as a function of easing pain and turmoil.

3. Incorporation defined as introjection of the deceased or of his character traits, personal interests, or idiosyncracies.[1]

4. Substitution seen as replacement of the love object with another with comparable gratification but of lesser value such as another person, altruistic activity, new behavior, or by oral gratification.[2]

Whatever style or response a mourner assumed, Yorick hypothesized a series of tasks to be accomplished. The eight stages listed below comprise the continuum of the "Work of the Bereaved":

1. Release the Grief. A letting go or working through denial of the loss sets the process of grieving in motion.

2. Structuring. The emotional flooding of disorganization and despair needs regulation in order to appropriately clarify the relationship with the deceased and to gain a sense of self through this ordeal.

3. Acceptance of Reality. At this point, the mourner alternately approaches and avoids realistic acceptance.

4. Decision for Life. To continue with a life independently of the deceased is the crisis facing the survivor. Morbid preoccupation with the loss or constructive adaptation represent two polar choices of this task.

5. Expression of Unacceptable Emotions or Desires. The mourner encounters a range of

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[1]Spiegel, p. 316.

[2]Ibid., pp. 94-98.

negative or uncomfortable feelings such as anger, guilt, or relief following a death of a loved one. Recognizing, owning, and dealing with such emotions is the job required.

6. Evaluation of the Loss. A search for a meaning of the loss as well as for a new identity are hurdles at this phase.

7. Incorporation of the Deceased. The mourner integrates both positive and negative qualities of the lost one so to prevent inaccurate or inappropriate resolution of the grief process.

8. Chance of New Orientation. Here the mourner engages in alternate relationships and attempts emancipation from the loss. A new sense of self may be initiated at this phase.[1]

(Other tasks of Grief are covered in Appendix F.)

The differing mechanisms of grieving as well as the tasks of grief both were instrumental in understanding the world of the bereaved. Developmental theorists have contributed insights to the understanding of grief processes at large while allowing room for idiosyncratic styles. The research carried out in the field of death, dying, and mourning also has helped counselors and interested others to professionally assist the bereaved move through a generally predictable and normal course of grief work. Hopefully, a constructive resolution of such turmoil can be accomplished with individuals able to re-organize their lives and continue the constructive process of living from birth to their own death.

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[1]Spiegel, pp. 94-98.

Professional Intervention

Raphael also stated that "The most basic of human responses to those who are grief-stricken and distressed involve the offering of comfort and consolation."[1] Consequently, a central purpose of this research was to offer suggestions to professionals involved with grievers and mourners of abducted children. Based on client, caregiver, and situational demands, Raphael highlighted the following clinical models of bereavement counseling:

1. The psychotherapeutic and bereavement counseling model to deal with this type of response during the crisis and subsequent to it.
2. Re-grief therapy used in psychotherapy to resolve such pathological bereavements subsequent to the crisis.
3. Behavioral treatments for the bereaved, both in the early times following the loss when pathology appears and subsequently with procedures such as "guided mourning" used for morbid grief.
4. Other therapies for resolution of pathological bereavement that may include aspects of the above approaches and may also include an existential approach of Gestalt therapy.[2]

Whatever style of intervention was chosen, a number of researchers have noted the importance of treating the family as a whole. In applying studies of grief to the family system, Goldberg isolated any of four family responses to the demand for role change caused by the loss of a family member:

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[1]Raphael, p. 353. [2]Ibid., p. 375.

1. Role reorganization. The degree of reorganization required was dependent upon the number and types of roles that had been previously occupied.
2. Increased family solidarity. Solidarity presupposed consensus regarding role reorganization.
3. Object replacement. This occurred when partners remarried or when parents decided to have another child to replace the deceased child. There were severe problems inherent in forcing a new child to live in the image of the deceased one.
4. Segregating. This final response was seen as an unhealthy reaction in which the family sought to displace its guilt and anger, or unresolved issues over the death, by creating the role of a scapegoat and placing a family member in this role.[1]

Professionals or caregivers benefited from this listing by recognizing potential areas of pathology, by normalizing a selected family response to grief, and by guiding the family through a constructive grief process. Attention was paid to detecting the possibilities of scapegoating and to interrupting such a process as it was noted.

Parents appeared to be subject to a set of circumscribed dynamics associated with the loss of a child. In addressing this unique group, Rando advised caregivers to consider the following points:

1. Guilt and failure at having been unable to protect their child from this catastrophe.
2. Overprotection or overindulgence of surviving children.
3. Overidentification with the child which prompts concerns of parental vulnerability.

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[1]Rando, pp. 363-64.

4. A sense of anger and frustration generating from a feeling of powerlessness with regard to the welfare of the child.
5. A neglecting of other significant personal or family roles.
6. A giving up of the "care" of the child to other authorities (such as the police in the case of abducted children). Helplessness and a lack of control were noted as active feelings with this dynamic.
7. A "search for meaning." The violation of the natural order of the loss of a child preceding parental loss was seen as stimulating a desire for sense and order in a suddenly unpredictable world.
8. Increased marital stress.
9. Drains on financial and emotional resources.
10. A difference in couple roles that may predispose one partner to avoid a sense of grief due to work responsibilities or other external obligations.
11. Socially learned expectations of grieving. Males may have received less permission to openly grieve a loss.[1]

Siblings, too, seemed to merit special consideration if a brother or sister had been abducted. Although this paper focused on parental reactions in the family, Sourkes noted the following themes as significant aspects of sibling loss. The points have been adapted in order to be germane to childhood abduction.

1. Causation. Magical thinking, misunderstandings, and powerful ambivalence in sibling relationships may give rise to feelings of guilt or responsibility.
2. Identification with the loss. Fear of their own abduction should be investigated with appropriate preventive measures put in place. The siblings should be encouraged to continue their activities and other social relationships.

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[1]Rando, pp. 399-405.

3. Family Relationships. Surviving children may receive less attention from parents which may give rise to a variety of difficult feelings: abandonment, rejection, comparison, over-comforting of parents, and anger.
4. Academic and Social Functioning. Despite an initial decrease in both areas as energy is put into the loss, these areas should be monitored in order to deter chronic dysfunction.
5. Somatic Reactions. Unresolved feelings of guilt or fear may manifest themselves in physical problems, sleeping or eating disorders, or accident proneness.[1]

Finally, a set of recommendations was addressed to the caregivers or various professionals engaged in the task of providing services to families with abducted children. Given the intense nature of bereavement counseling, other researchers have studied issues of "burn-out" which included "physical exhaustion, occupational fatigue, cynical attitudes, and withdrawal from client and personal relationships."[2] With the geographic dissipation of extended families, a professional counselor often was placed in the role of a "surrogate griever."[3] An overdemand of time and energies ensued which set up the caregiver to a syndrome coined "bereavement overload." This overload consisted of such symptoms as:

1. Negation of loss. Loss of a client relationship is often negated as an inappropriate loss to grieve.

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[1]Rando, pp. 409-11.

[2]Ibid., p. 440.

[3]Ibid., p. 430.

2. Social isolation. Opportunities for grief expression may be non-existent or inaccessible for some professionals.
3. Assumption of the role, "the strong one." The need to be in control is manifested here.
4. Ambivalence toward taxing clients and draining issues of loss.
5. A feeling of being overwhelmed by the loss through abduction.
6. A reawakening of a personal loss.[1]

The caregiver in bereavement situations was directed to be personally aware of strengths and weaknesses as counter transference dynamics posed threats to the therapeutic process of professional and client relational issues. Familiarization with both grief and mourning schema and use of stress reduction strategies were seen as useful in preventing "bereavement overload." An orientation to typical relational issues in bereavement counseling also was seen as useful in monitoring personal awareness issues that arose in crises situations. The professional then consciously operated from styles that Szasz and Hollander depicted as:

1. Activity-Passivity Relationship. Here the caregiver assumes an authoritarian role with the client assuming a role of appeasement. This is seen the least therapeutic choice.
2. Guidance-Cooperation Relationship. In this choice, the patient assumes more autonomy but still is invested in approval-seeking.
3. Mutual Participation Relationship. With this mode, the patient is the most actively involved and owns responsibility for his well-being. This is the most desirable style of relationship.[2]

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[1]Rando, pp. 430-31.

[2]Ibid., pp. 277-78.

Raphael encouraged professionals to engage in self-examination before counseling the bereaved. Due to the intensity of the work, she felt that professionals may re-activate private and repressed issues of personal separation and loss, a set of factors called the "inner bereaved child" of us all.[1] She described it in the following way:

> This inner bereaved child is reawakened when we lose someone we love or when we share someone else's loss and attempt to comfort and console him. It is intensely relived when we identify with the child's experience of bereavement. It is part of our empathy, yet it is difficult to bear.[2]

Summary

As was commonly observed, human beings developed bonds of relationships in a universal manner that transcended geography, race, or particular formation of the family. Granted, specific social, cultural, and ethnic influences both affected and were affected by the nuclear and extended family networks. Researchers of varying clinical persuasions have agreed that the primary bonds between parents or caregivers and their children were among the most significant ones to be developed and also were vulnerable to stress dysfunctions if such bonds were broken upon the death or absence of a child. The literature reviewed has shown how the systematic study of grief processes was relevant to

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[1]Raphael, p. 403.

[2]Ibid.

the study of premature rupturing of family ties. From the original conceptions of viewing grief and mourning processes as potentially morbid and pathologic, researchers have investigated and studied grief among psychologically "healthy" individuals, also. Developmental theorists have noticed a generally accepted order of sequential phases of grief so as to lend a sense of naturalness to the disruption of human bonds.

John Bowlby has been instrumental in this normalization of grief processes as he applied previous research to his own clinical studies. This paper has drawn chiefly from his work as well as that of Parkes, Weiss, and Spiegel. The established and documented writings of these people served as a basis for conducting an explorative study into the field of parental loss through child abduction. This author assumed that the published material on bonding and the loss of bonds was sufficiently accurate to cover the loss encountered via kidnapping of children. Refinements and extensions of the theory to incorporate the losses via abduction was the rationale of this research. The four phases of mourning that Bowlby described seemed appropriate in explaining the searching and yearning based in uncertainty that parents of abducted children reported. The grief work stages and associated tasks also appeared congruent to the study. Of particular significance, the existing work on grief and mourning was seen as providing an

avenue of understanding, predictability, and professional aid to those parents who experienced the trauma of loss of their child through abduction.

CHAPTER THREE

Methodology of the Study

The purpose of this study was to explore and to examine the clinical dynamics operative when a family experienced the loss of a child through abduction by a non-parental figure. This researcher assumed that human attachment models provided a conceptual basis for assessment of these experiences and for prediction of future clinical interventions for this group of people. Attention was paid to the dynamics of loss via abduction, a unique set of dynamics in the grief and mourning field.

Methods of Subject Selection

Two subjects were selected for this study as they comprised the field of kidnapped children as defined by the Iowa Department of Public Safety. A murdered child previously listed as missing with suspicion of kidnapping has been since located. This family was excluded as a subject due to the known fate of the child. Although a period of uncertainty over several months was involved, this researcher believed that the sense of uncertainty would be contaminated by subject hindsight. An explorative case study was begun with the two families that consented to the interviews.

Research Process

Since the interviews occurred after an extended time from the abduction, the author reviewed published news accounts of interviews with the family. Articles selected were screened on the basis of representative times and themes of loss derived from grief theories. This aspect of the research was done to ascertain what the subjects already had reported as well as to gain additional information about the problem at large.

Research Instrument

Based on media accounts, grief work theorists, and his own professional experiences, the researcher composed a structured set of interview questions to assure uniformity of the interviews. The questions were designed to tap the range of existing grief stages and varieties of coping strategies already documented by other researchers. This instrument was validated by presentation to a selected panel of clinicians and other professionals for review and critique. Upon revision of the instrument, this researcher re-submitted the guide for further refinement. After this process was completed, the interview guide was judged to be valid in terms of soliciting the desired information. The panel of judges is listed in Appendix G.

Interview Process

The subjects were asked about their willingness for involvement via interviews over a series of months. The precise frequency of the interviews was contingent upon their time schedule, availability for interviews, and ability to participate. The subjects had experienced the loss of a child for at least one year. The areas of interest were to determine an in-depth assessment of parental coping strategies and guidelines for professional assistance. The researcher used the structured format for his direction in the interviews as well as allowing the subjects the freedom of self-determination to discuss or not discuss other related areas.

To help with subsequent objective and accurate analysis of the interviews, an audio cassette player was used with the consent and awareness of the subjects. Permission for participation in the research process, the means of handling the data, and the public presentation of the study, were negotiated with each subject. Confidentiality was assured to the subjects by alteration of names, addresses, and other identifying information.

Processing of the Data

After studying the contents of the scheduled interviews, this author categorized respective subject data according to pre-determined grief models and theories.

Aspects of semantic differentiation from the interviews were used to help assess the subjects placement on grief and mourning phases, to ascertain unique coping mechanisms, and to then suggest appropriate clinical interventions to families with an abducted child.

CHAPTER FOUR

Presentation and Categorizing of Data

Interview Format

As proposed, this study was projected to interview two family units who had experienced the loss of a child via abduction. With both subjects, the welfare of the child remained uncertain for at least one year. A series of interviews was scheduled to thoroughly tap the clinical dynamics involved upon suffering the loss of a child in this manner. The use of a validated interview guide helped structure the interviews with both subjects in order to lend a measure of control in the interview process (see Appendix G). For purposes of confidentiality, the identifying information of the two subjects was altered. In this report, the first subject was assigned the label of Family A with child Andrew while the second subject was referred to as Family B with child Bill.

The parents in these families provided the bulk of the data reported. Both subjects were drawn from metropolitan areas in the Midwest. At this writing, Andrew has been absent from Family A for fourteen months. Bill was separated from Family B thirty-eight months ago.

Family A was interviewed approximately twice a month

for five months. Due to work schedules, heavily-booked speaking engagements, and an active search for Bill, Family B was available for only one extended interview. Despite the differences in frequency and detail, both subjects were included in the study as the data were deemed relevant in this exploratory research. A central purpose to this report was to provide guidelines and insights to other clinical professionals interacting with families who have missing children. While generalizations at large were not possible, given the reduced sample size, the interviews were designed to contribute to a systematic model for treating families with a unique loss and uncompleted sense of mourning.

Existing grief theories and models of bonding behaviors provided a base with which to investigate how two families dealt with the uncertain fate of their children. The work of John Bowlby and his attention to attachment theory and the loss of primary bonds was selected as the model of bereavement most nearly approximating abduction losses. The studies of Parkes and Weiss, Yorick Spiegel, Beverly Raphael, and Therese Rando all were used to help process the data into both general mourning patterns and into idiosyncratic grieving styles.

Genograms

The sociometric instrument of a genogram was selected to illustrate the family composition of the subjects. Given

their general nature and universal application among practitioners as family maps, the genograms are included in Appendix H. These instruments can serve not only as a means of further orientation to family constellation but also as a springboard for possible clinical intervention strategies.

Narrative Account of Family A

Mr. and Mrs. A related that their son Andrew disappeared fourteen months ago while going about the business of his early morning paper route. When the otherwise reliable boy failed to pick up his bundle of papers, a route supervisor notified his parents. Mr. A recalled that his son had previously sought the shelter of parked cars near the house rather than disturb the sleeping family by re-entering the home. After a cursory check of such vehicles, Mr. A informed his wife that "we'd better look for Andrew." While he phoned his brother to aid in a neighborhood search on motorcyles, Mrs. A contacted the local police department who promptly arrived on the scene. Both parents stated their initial impressions of the organized law enforcement agencies to be prompt, action-oriented, and thorough with investigative procedures. Teams of volunteers also conducted coordinated artifact and body searches in the greater metropolitan area. To aid with greater publicity and to increase the probability of public sightings, the media coverage was immediate and extensive

during the first month of the abduction of Andrew.

Almost from the first sign of trouble, Mr. and Mrs. A responded with different means of dealing with the loss. Both noticed a sudden surge of energy to find their child and relied heavily on law enforcement to help them. Mr. A continued to maintain a sense of hope interspersed with episodes of depression punctuated by brief outbursts of anger. In recalling his range of emotional states, Mr. A thought that such a pattern was characteristic of him even within the first thirty days of the disappearance of his son.

In contrast, Mrs. A pictured herself as facing the hard reality that her stepson might never be found. In clarifying this reaction, Mrs. A explained that she experienced sparks of hope and encouragement subsequent to reports of public sightings of Andrew or through contacts from private investigators. These momentary highs would then give way to devastating periods of depression. The times of depression were perceived to be longer and more frequent than times of hope. Mrs. A seemed prone to greater peaks and valleys of the hope-to-despair continuum while she felt her husband experienced the loss with a more even keel approach. As a couple, Mr. and Mrs. A stated awareness of their unique coping strategies but also said that such styles often precipitated marital and family discord.

With the passage of time and no clear evidence to

track, Mr. A resigned from his job so as to have more time to invest in the search for Andrew. He maintained warm relations with volunteers but experienced a dramatic emotional shift with regard to the local police department and various Federal Bureau of Investigation officers. Mr. A came to be more disillusioned as he perceived bureaucratic delays, inconsistencies, and lethargy of the system. He stated an eventual realization that all his previous trust education toward the police was being eroded as his frustration with them mounted. Added to this initial sense of paranoia, Mr. A also suspected that his ex-wife and even his own sibling may have been involved in arranging the disappearance of his son. Again, this thought was present soon after the abduction of Andrew and is reported to be still active. A sense of mistrust toward law officers and selected members of the extended family was supported by Mrs. A as well. Mr. and Mrs. A related a series of specific events in the past that aroused such suspicions. They also felt that this heightened state of anger and paranoia was helpful in maintaining their ability to look for Andrew.

Mrs. A took on the job of tracking official and confidential tip sources in their home. To do so, she also left her job and converted Andrew's bedroom into a "command headquarters" equipped with a computer, log books, and other means of organizing information. While both spouses participated in media presentations, Mrs. A appeared to

spearhead these activities. Around thirteen months after the abduction, however, Mrs. A returned to conventional employment for financial and personal reasons. Presently, Mr. A has returned to work, a "sanity saver" in his words.

In terms of parenting their remaining children, Mr. and Mrs. A noted that their oldest child in the home felt a keen sense of loss which was difficult for him to express. The two stepbrothers had begun a positive relationship that was abruptly terminated. Functionally, the son remaining adopted survival skills and appeared to be maintaining himself socially and academically. The younger daughter seemed more sensitive to parental reaction of coping which would be developmentally appropriate for her. Currently, she is reported as doing well in school and with friends.

In distilling how the abduction of their son altered their daily lives, Mr. and Mrs. A highlighted the following points:[1]

1. Their recent marriage prior to the abduction. Mr. and Mrs. A entered the current marriage, his third and her second, four months before the abduction. They felt that they were still becoming acclimated to each other when the abduction occurred. This process was then made more difficult and delayed problem resolutions.

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[1]The following is taken from a series of confidential interviews with Family A, 13 September 1985 through 15 December 1985.

2. An exacerbation of existing problematic relational issues. The family already had engaged a mental health professional before the disappearance of Andrew. Family issues became even more strained after his disappearance.

3. Anger and paranoia. Frustration with law enforcement personnel remained high as the couple came to disbelieve reports of police action. Mr. and Mrs. A noted a general sense of fear that has led to overprotection of their youngest child and a sense of isolation from the public at large for all of them.

4. A restriction of social activity. Both related that their home became a fortress and a prison over the course of time. Although feeling secure in a familiar environment, they felt "glued" to the house in order to receive telephone leads and in the event that Andrew would "walk through the door."

5. Social awkwardness. Mr. and Mrs. A reported a vague feeling of discomfort and eventual estrangement from former friends and places of recreation. Both stated a gradual pulling away of friends and concluded that "others didn't know what to say or do anymore." Neither did Mr. or Mrs. A.

6. Subsequent emotional loneliness and strain on the marriage. With the loss of supportive networks, the marriage appeared overstrained. Frequent arguments followed by mutual withdrawal from one another was reported.

7. Painful "memory stabs." The recollection of idiosyncratic behaviors of Andrew, holidays, school events, birthdays, coming upon a treasure of their child, and untold other events evoked unbelievable pain from both parents. Crying helped whereas preservation of the details did not, the couple reported.

8. Negative public scrutiny. As if the unexpected loss of a child was not sufficient, Mr. and Mrs. A began to sense public criticism of their parenting and individual social skills, their use of donated time and money, and their overdue coping strategies. The volunteers who conducted searches were a notable exception and remained a sense of hope and comfort to these parents.

9. Previous and potential losses. Mr. A recounted how the death of his father after the abduction was a blow despite the anticipation of the loss. Mrs. A expressed ongoing sorrow over the death of her grandmother which also occurred after the abduction. This was another significant loss as the grandmother and granddaughter were mutually supportive of one another.

Both parents reported previous marital relationships with varying degrees of ambivalence. Also, their rented house was up for sale which threatened their base as well as the "only place Andrew would recognize as home" should he return.

10. Dramatic emotional upsurges. Along with negative

reactions, Mr. and Mrs. A recalled experiencing unpredicted positive ones. The depressing dynamics stemmed from personal grieving which had "no end." Tips of leads and sightings followed by no results produced feelings of being overwhelmed. Daily requirements of work and property maintenance also drained energy when the support network gradually subsided and withdrew from these tasks. "Not knowing what to do or what to expect" appeared to be the most devastating for the family. Ability to plan for the future and to go on with life all seemed at first temporarily and then more indefinitely "on hold."

With regard to positives, Mr. and Mrs. A stated that the "volunteers on the street" proved to be a source of inspiration and demonstration of caring. Although far fewer searches and fundraisers occurred with the passage of time, the memory of sacrifice continued to comfort the couple.

11. Identity issues. Questions of "Why me? What did I do to deserve this?" were noted. Dealing with an unwanted label of "parents of an abducted child" seemed to require relentless energy. Although daily functional tasks would eventually be mastered, the change of the parental role caused ongoing pain.

12. Uncertainty. Lastly, the issue of not knowing the fate of their son was counted as the most devastating for the couple. Not being in control and not being able to protect their child remained taxing dynamics. With

increased publicity of missing children, Mr. and Mrs. A were aware of possible fates of their son. Murder, torture, sexual abuse, and chemical dependency themes continually played through their imaginations. These thoughts sometimes were quickly dismissed as "too terrible."

13. Coping strategies. During the course of their ordeal, Mr. and Mrs. A reported a variety of coping mechanisms such as: obsession with the search for their son, engagement of the community for larger financial and work resources, thought preservation on loss, and a resumption of work and daily routines out of necessity and also out of maintaining a sense of hope for reunion. Both related a reliance on "one day at a time" thinking. Both also reported a series of "ups and downs" in managing life, a process that they expect to continue until the welfare of Andrew is clarified.

Narrative Account of Family B

Mr. and Mrs. B have experienced the loss of their son, Bill, for over three years at this writing. Ironically, Bill was abducted in much the same manner as was Andrew of Family A. The experiences of Family B, however, occurred two years earlier and took on a pioneering effort in the field of childhood abductions for the state and country. Mr. and Mrs. B were and currently are actively involved nationally in the work of missing and abducted children on

both social and political levels.

Although the plight of abducted children was well documented prior to the disappearance of their son, Mr. and Mrs. B stated that his abduction was a "cave-in to reality" in their rural state and commonly perceived "safe" suburb of a metropolitan area. That facade was rudely broken with the abduction of the boy in 1982.

According to his parents, Bill was busy about the business of delivering the city newspaper at the time of his abduction. When Mr. and Mrs. B were awakened by customers complaining of no paper delivery, their anxieties skyrocketed as Bill was typically dedicated and genuine about his responsibilities. Mr. B left the house in order to locate and help Bill deliver the papers. He told of discovering the red wagon used to haul the newspapers and then of going home to inform his wife of the events. Mrs. B remembered receiving a phone call from the district manager of the newspaper about Bill and then of calling the police. She commented on an initial lack of interest and activity from the local police department, a dynamic that eventually escalated to the point of a virtual collapse of trust between the family and law officials in general. Mrs. B stated that she and her husband then assumed the responsibility of conducting and coordinating the stretched-out search for Bill. "We had to act fast. We had to keep the story of our son before the public if we ever had any

hope of finding him." That philosophy, as Mr. and Mrs. B emphatically stated, represented the "nutshell" approach to their means of dealing with the loss of their son. Both parents described their private and public lives as focusing on the search for their son. "That's our number one priority," they agreed.

Since the abduction of Bill was a shocking event in their agriculturally-based state, Mr. and Mrs. B reported themselves as initially trying anything possible to arouse interest in their son. Typical of many searches, the couple organized volunteer efforts, tracked leads, and transformed their home into a detective-like environment. Media coverage was and remained heavy for this couple, often resulting in caustic public opinion which was expressed directly to them in person, over the telephone, or to their other children. When the latter occurred, Mr. and Mrs. B determined to keep their remaining children out of the spotlight of omnipresent scrutiny.

After the initial surge of search activity, this couple was approached by a national television reporter who advised them to go "public" with their plight if they had even the slightest hope of recovering their son. This meeting eventually led to a crowded schedule of national media coverage, congressional testimony, contacts in Washington, D.C., including the White House, a network of parents in similar straits sprinkled across the country, film

documentaries, and an on-going circuit of public speaking engagements to "anybody who would listen and to some who wouldn't." A spurring motivation for this type of work was the conviction that the abduction of Bill and "whatever" he has experienced shall "not be in vain." Mr. and Mrs. B stated a determination to do all they can even after three years of enervating work.

Part of the desire for meaning and validation of the life of their son took place in the political arena on the state as well as national level. Mr. and Mrs. B stated they were instrumental in the passage of legislation that was a "starting place" for missing children.

Paradoxically, Mr. and Mrs. B reported that their local city proved to be the least supportive area after thirty-six months of not finding Bill. "Admittedly," they said, "we are not your typical pair of parents with an abducted child. We have learned from experience what we have to do in order to survive and to keep the story of our son alive." When asked to reveal their perceptions about the prolonged abduction, Mr. and Mrs. B highlighted the following points:

1. Anger. The couple encountered repeated instances, in their opinion, of police and F.B.I. interference and even antagonism directed toward them. "Nobody cared after a while so we had to be aggressive in trying to find our son," Mrs. B stated. In reference to earlier comments about a

lack of local support, Mr. and Mrs. B stated fantasies of re-locating in order to relieve the stress of daily comment on their lives. For example, the couple reported hearing criticisms that they "don't look sad enough," public outrage for their criticism of law enforcement, allegations of misuse of financial contributions, and statements that they "deserve what they got for being so hostile."

2. Action. Mr. and Mrs. B stated that they have channeled anger and a host of other feelings into a chronic search for their son and a national campaign to address the issues of child abduction which tends to be either ignored or denied in general across the country.

3. Commitment to marriage. Mr. and Mrs. B recounted how many marriages dealing with loss terminated either by divorce or by suicide as the stresses of mourning were ceaseless. One of their initial and continuing strategies was to maintain their relationship. The verbal re-commitment served both to preserve emotional resources for each other as well as to ensure unified energies for the search of Bill.

4. Use of rehearsed "wellness" strategies. Mr. and Mrs. B gave strong credit to their use of positive cognitions in order to remain as healthy as possible. Both disallowed protracted times of depression to consume their lives while still owning the pains of hurt and emptiness that the loss brought. One particular phrase of theirs was

"Bill's the victim, not us. We have food, shelter, and clothes. We don't know if he does."

5. Upsurges of pain. Similar to Family A, Mr. and Mrs. B occasionally ran across a favorite toy, article of clothing, or possession of their son that evoked "waves of pain." Selected memories also occurred at times of family celebrations, holidays, and school events. The couple witnessed neighborhood agemates of Bill passing through the milestones of sporting events or drivers licenses which triggered attacks of sorrow.

6. Social isolation. Mr. and Mrs. B also reported similar reactions to Family A in terms of lessened social activities. For them, though, most of this former interaction took place in the "old-fashioned" family arena such as "building a club house, doing yard work, or family get-togethers." Since Bill was their youngest child of three, he was experienced in the adult world and often accompanied his parents in contacts with their adult friends. "These times are harder now. People don't know how to perceive us."

In elaborating on that comment, Mrs. B stated that they have learned to be protected against public abrasiveness and especially of bounty hunters, psychics, and "kooks" who apparently would like to financially exploit their pain.

Also, Mrs. B explained that they have developed a "healthy paranoia" of society and maintain a close awareness

of their time spent away from one another. "Death threats have occurred. We also need to be mindful of our own kidnapping for the ransom money wrapped up in the reward fund, which is substantial."

7. Obsession with clues. Mr. B noted that he traveled frequently in his work. As a result, he constantly scammed rural and urban environments for pieces of clothing or any other evidence that might be useful. He recalled a variety of times when he experienced an adrenalin rush at the sight of a probable clue. Nothing to date has proved useable, however.

8. Living with uncertainty. Like Family A, Mr. and Mrs. B had to live with the unfinished business of mourning the loss of their son. Hope was interspersed with the realization that "nothing is for sure."

9. Other losses. Mrs. B noted that her first husband died and that she experienced two miscarriages in the current marriage. Details of those grief reactions were not attained. Mr. B noted that his place of employment went out of business after the abduction. Although currently re-employed, he was required to expend additional energies in a job search.

Both parents stated an articulate position that expressed shock and a sense of being betrayed by previous expectations of themselves and of their family at this time. "These losses are irreplaceable as Bill ages, and we

are not witnesses to his life events."

10. Prior relationship with child. Both parents expressed an exceptionally positive relationship with Bill before his abduction. They felt an ongoing loss at the lack of enjoyment he provided to their family.

11. Coping strategies. Mr. and Mrs. B appeared to be in harmony and congruence with their emotional reaction to the abduction. Both stated a conviction to do "all that is necessary" for him and other abducted children. Part of their uniqueness in the national arena has been this unified husband-wife response to loss.

Although Mrs. B often was seen as the more publicly involved parent, both explained this as a function of Mr. B being on work-related travels. As earlier indicated, Mrs. B had the task of fielding daily, local leads and of interacting with the media and official agencies. Mr. B assumed the job of searching for his son while on the road during business trips. Mr. and Mrs. B admitted to episodes of intense anguish and fatigue. Vacations were sparse as the search for Bill consumed their lives and finances.[1]

Categorizing of Data

Using the frame of Bowlby and his four stages of grief and mourning, this report next will use elements of semantic

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[1]Personal interview with Family B, 24 October 1985.

differentiation to examine the data from Family A and Family B. Selected words and phrases from the interviews will be categorized against the sequential grief stages. Again, this author has not attempted to mold the content and process of the interviews into a particular grief model. Rather, the loss of primary attachment theory was used in order to lend an understandable and practical means of assisting families with abducted children. In this virtually unexplored territory, the author aimed to offer guidelines to professionals in both assessing and predicting probable places for clinical intervention. As a refresher, the four phases of grieving as Bowlby postulated them are listed as follows:

1. Phase of numbing.
2. Phase of yearning and searching for the lost figure.
3. Phase of disorganization.
4. Phase of reorganization.[1]

Categorizing of Family A

1. Phase of Numbing

In describing their initial reaction to the disappearance of their son, Mr. and Mrs. A recalled an immediate surge of energy to locate him, to check for his safety. Mr. A stated his "mind was set on finding my son." Other phrases descriptive of this initial stage were

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[1]Bowlby, pp. 86-93.

"It all happened so fast," and "I wasn't thinking too much, just acting." Mrs. A recollected a sudden thought that, "Someone has him!" but quickly changed her mind, as if "switching off a light switch" to other possible reasons for the absence of Andrew. An implication of family relatives next occurred to her in order to "believe he was O.K." Elements of anger also were remembered as Mrs. A struggled with thoughts of kidnapping and abduction. Both parents recalled feeling "tense, anxious, and panicked." This reaction of panic seemed to be primarily responsible for their contacting the police. Though officers and volunteers quickly swung into action, Mr. and Mrs. A continued to feel "shocked." Not certain of the length of these initial reactions, both Mr. and Mrs. A guessed that "at least the first two weeks, maybe more," were characterized by the phase of numbing. The couple described themselves briefly as if they were on "automatic pilot."

Mr. and Mrs. A closely approximated the initial phase of mourning that Bowlby postulated. They appeared to remain in the stage longer than people dealing with a definite death. Denial of death thoughts plus a frantic effort to recover their son may have been responsible for this prolongation. The beginnings of anger evidently were useful in mounting energies required to organize search parties. This reaction of anger would seem to have been instrumental in blocking more debilitating emotions such as immobilizing

anxiety or depression. The urge to recover their lost love object was clearly demonstrated.

2. Phase of Yearning and Searching for the Lost Figure: Anger

With the first surges of anger already aroused, Mr. and Mrs. A focused on this feeling as being the predominant one over the stretch of fourteen months. Both parents initially directed their anger toward the ex-wife of Mr. A. They suspected "a plot" to take him which "got out of hand and now there's no way to save face. She's afraid of the law now." Mr. and Mrs. A appeared strongly committed to the action of such a "family kidnapping to get the kids back" from their custody.

A second major target of accumulated frustration and anger was all the law enforcement officials who investigated the abduction of Andrew. Despite the positive onset of police help, anger mounted toward "local police and the F.B.I." in particular. The parents also stated that a private investigator "might be in the business of selling kids, too. Who knows! He's got a brand new house fully landscaped all of a sudden. He wants money for everything he knows, even if it's just a tip." Mr. A most vehemently expressed his dissatisfaction with the police "who don't do anything but sit. It won't be the police who find Andrew. It'll be the volunteers who are out there looking!" Mrs. A agreed but added, "Nobody's looking anymore anyway. A few

sightings are reported and that's it."

A third object of hostility was the media coverage that the family received. The parents described it as a "mixed blessing" in that the account of their son immediately hit the air waves and newsstands. As time progress, both noted that newspapers especially "distorted" quotes. Some of these quotes were viewed as personally derogatory by other parents with an abducted child. As a result, a "rift" developed rather than a "bridge" between two families in mutual distress. Mr. and Mrs. A also expressed discontent that coverage of their son significantly diminished over time except for special coverage "on the first year anniversay which was hard enough the way it was."

As the series of interviews progressed, Mr. and Mrs. A also were increasingly verbal about their different perceptions concerning the abduction. Mr. A felt it was his "duty to keep searches and fundraisers going. We need the money to go get him if somebody finds him." He remained hopeful of the ability to locate his son. Mr. A admitted to fantasizing about a "reunion" with Andrew and that it would be "the happiest day of my life. I'd like to be able to buy him whatever he wants. But if he just wants to come home and be left alone for a while, that's the way it'll be." He continued by ruefully regretting that "she [wife] doesn't want to do that anymore [raise funds]. It doesn't look good if just I show up. What would people think?"

Mrs. A countered by expressing little hope in recovering Andrew alive. "The fundraisers aren't needed anyway. We could always borrow the money if we have to," she stated. Both partners agreed that this difference in outlook and problem-solving styles led to frequent and "unfinished" arguments.

Another emotional state that received emphasis in phase two was that of hope. Mr. and Mrs. A described their sense of hope in different fashions as well. Mr. A was definitely the more hopeful and angry of the two while Mrs. A was less hopeful and more willing to face "reality." Mrs. A went on to talk about other losses including that of her grandmother. She didn't know "how much more strain" she could take. In terms of consensus, however, the two confirmed that their respective feelings of hope rose sharply with the first leads toward Andrew, that the feelings plunged after no results occurred, only to be spurred again by new "evidence." The cycle of dramatic ups and downs was also pictured as becoming more even as time passed. New leads were held "suspect" with much less optimism attached to these "false promises."

Mixed with feelings of hope and short-lived euphoria, Mr. and Mrs. A also stated periods of "hours and days" of longing for Andrew, missing him desperately. Moments of solitude after the initial "hectic" pace caved in to varying degrees of sadness and depression. Again, both anger and

hope were seen as instrumental in mitigating decompensation. Outbursts of intense emotion seemed to be part of this process as well.

In terms of the second stage of mourning and grieving labelled as anger, Mr. and Mrs. A would seem to be aligned with the constellation of symptoms as suggested by Bowlby. Just as mourners have been known to be hostile to former comforters, Mr. and Mrs. A also expressed anger chiefly at those people thought to be negligent or involved with the abduction of their child. Although the couple did not publicly disclaim the police, they clearly stated disgust with suspected lack of "official" interest across time. Frustration also surfaced when various law enforcement agencies seemed unable to coordinate plans due to "jurisdictional boundaries." Interestingly, this same anger also served at least two other purposes: (1) a mounting of energies to deal with unbelievable hurdles blocking access to their son; and (2) a catalyst toward hope. These two "clinical twins" are recorded by Bowlby and other researchers. As long as anger was available, at least Mr. A was able to fan a sense of hope.

Already present in phase one, the parents of Andrew further demonstrated a difference in grieving phases and styles, a dynamic that was responsible not only for conflict but also for a loss of support for one another. Displacement of anger toward one another was noted as

causing marital dischord in this couple but in their words, "what do you do with your anger!" The couple evidently found that perseverance as a coping style only magnified difficulties in their relationship. They were able to find more constructive means of coping via distraction through employment. An increase of self-esteem also was noted by "being back to work."

Consistent with other phase two behaviors, Mr. and Mrs. A did not seem bothered by guilt or self-reproach indictments. At least they did not recognize aspects of guilt as long as they focused on recovery of Andrew. A speculation is that the intense initial activity of conducting searches and other activities mollified self-incriminatory feelings at this stage. Mr. and Mrs. A stated feelings of satisfaction that they "did all they could to find Andrew. We'll be able to tell him that when we find him."

The flip side of anger and its energy induction was also present in this phase. The couple reported periods of depression where "nothing much mattered." Times of intense sadness and pining for Andrew were described as "not feeling whole. A piece of our family is missing. We'll never be the same." Birthdays, particular actions of Andrew, and general family times seemed to prompt such feelings of sadness. These reactions formed a transition to the next phase of mourning, that of disorganization.

3. Phase of Disorganization and Despair

Mr. and Mrs. A commented that the time of abduction has been a period of "tuck and go." Mrs. A spoke chiefly of her own sadness as she reflected over the preceding fourteen months. "We had a lot of hope back then [at the beginning] and much less now." Hope was seen as ebbing from the first two phases as Mr. A shared an ambivalent thought, "I don't want to believe that [he's dead]. But he might be. He would have contacted us by now." Mrs. A added, "I just don't think he's alive." The parents did seem to share the same fear of his death at least momentarily. As they confessed earlier, reported sightings of Andrew would temporarily supplant times of sadness and lethargy. Such periods of elation more quickly surrendered to a lack of hope as Mrs. A quoted, "It's hard to keep hoping without promise. At times, my hope for getting Andrew back in an O.K. way is gone." Mr. A qualified his position with the following statement, "I still try to keep up the spirit that we'll get him back. Maybe not the way he was, but at least he'll be alive." This comment also reflected on the altered nature of their family life as Mrs. A noted, "It's terrible what this has done to us. Things will never be the same. We don't go out anymore. People act funny toward us." Echoing this sentiment, Mr. A added, "We used to go out quite a bit. Our group used to be like a big family. Not anymore. We don't belong anywhere anymore." Also, other

daily life tasks became almost insurmountable by such cyclical thoughts of Mrs. A as, "I get into bad states of depression. It seems like there's more bad days than good ones anymore."

Similar to the two earlier stages, the phase of disorganization also presented some positive dynamics. Both parents stated that the stress of the abduction culminated in marital conflicts which neither partner knew how to solve. A turning point came with the realization of Mr. A that, "My old ways of coping just didn't work anymore. I used to keep all my feelings inside. That's how I was raised." Mr. and Mrs. A dismissed ideas that their marriage was conflict-free as a result. Mrs. A explained that "we are learning to communicate better."

Although Mr. and Mrs. A spent less relative time in phase three, Bowlby theorized that passage through such a space of disorganization was necessary in order for grieving to proceed in a healthy manner. A prime force in that notion appeared to be a necessary breakdown of former coping mechanisms that no longer were useful to the tasks of mourning. A change in cognitive structures and some degree of identity transformation also seemed to take place with Mr. and Mrs. A. They commented that "we're different now." Although the couple was ambivalent about the "forced" change manifested by problematic relational issues, they seemed to have benefited from the process. With changed

means of coping, Mr. and Mrs. A moved on to the next phase of mourning.

4. Phase of Greater or Less Degree of Organization

In this last phase of mourning, Mrs. A recalled that initially "we shut down. I think we almost had to in order to search for Andrew." Eventually both quit work since Mr. A was "too preoccupied" and Mrs. A needed to be home "to better parent the other kids." Eventually, both resumed work and experienced employment constructively since "we had less time to sit and think and just get depressed and crabby." Both parents described the children as "doing much better at school and O.K. with friends." Mr. and Mrs. A stated less financial stress and added that the family had begun to do some "fun things like movies." In explaining the resumption of outings, the parents said they used to feel "too guilty to enjoy themselves while Andrew was gone." This element of survivor guilt seemed easier to face with greater emotional reserves. As with other people reporting similar feelings of "Why am I alive when my child isn't?", Mr. and Mrs. A faced this dilemma squarely and painfully. Eventually, they were able to achieve a constructive resolution of this issue. The family was able to overcome this sense of guilt and to reduce the degree of self-imposed isolation. Less preoccupation with "having to stay home to answer the phone in case leads come in" was

reported by the couple. Mr. and Mrs. A have taken in another young man "off the streets," a friend of their older son. They described him as a "nice kid and a companion for their son at home."

Finally, Mr. and Mrs. A confessed that "tough times" still happened but that they have learned "to live one day at a time." The couple professed a commitment to Andrew even after fourteen long months. A note of realism was detected in their assessment of the probable course of abducted children. In the words of Mrs. A, "Children between the ages of twelve and thirteen are taken for pornographic reasons, those between thirteen and fourteen for reasons of prostitution, and when they get to be fifteen or so and can't handle them, they do away with them." Although in agreement with that synopsis, Mr. A concluded by adding that he was ready to believe his son "is out there somewhere until I hear otherwise."

In this last phase of mourning, Mr. and Mrs. A demonstrated behavioral clues of greater reorganization in terms of more constructive communication, resumption of social activities, and an ability to deal with the abduction of Andrew with less paralyzing depression and hostile marital interactions. Avoidance through work was seen as being useful in coping with distressing thoughts of the welfare of Andrew.

An enactment of the "replacement child syndrome" for

Andrew was noted as the couple demonstrated ability to invest caring and concern despite the loss and pain they felt for their missing son. Mr. and Mrs. A were hopeful that this teenager would benefit from their "influence." They could not, after all, "just forget about someone who needed help. We've always been like that." As noted later in this section, though, such a concern can be a two-sided issue with clinical concerns attached to either side.

The most significant variation from the behaviors suggested by Bowlby at this stage appeared to be the incompleteness and perhaps the unfinishable aspects of phase four. The uncertainty of the loss of Andrew would seem to perpetuate a recycling of stages two and three until the "facts are known." Mr. and Mrs. A freely stated anxiety about having to live for an indefinite time of ambiguity in terms of their son and his welfare. Mr. and Mrs. A agreed, "There is no end."

A final concern with this couple was noted in their caring for another youngster, perhaps a substitute for Andrew. Unresolved grief issues may be avoided or displaced by a premature investment in another relationship. Furthermore, both Mr. and Mrs. A were emphatic about how much of their lives was spent in "caring for others." This researcher speculated that an eventual reduction or collapse of functioning could happen if neither one regarded his personal needs and welfare. A chronic history of caregiving

in other clients has been indicative of unmet nurturant needs and a possible proneness to depression or a sense of "victimization."

Categorizing of Family B

1. Phase of Numbing

Mr. and Mrs. B reported initial feelings of "panic" when first suspecting foul play concerning their son. A powerful dynamic for them at this stage was that of "anger when the police department did not act" upon their call for assistance. The couple commented upon "swinging into action by organizing searches for clues ourselves." Throughout the hectic pace of this activity, Mr. B remembered thinking to himself, "This can't be real. This can't be happening!" Only later, Mr. and Mrs. B recalled, did they have time enough to "collect our senses" about the meaning of the abduction. The sensation of feeling shocked seemed to be experienced momentarily and then received dismissal so as to better organize energies needed to locate their missing son.

2. Phase of Yearning and Searching for the Lost Figure: Anger

The first onrushes of anxiety gave way to greater feelings of frustration and anger as Mr. and Mrs. B perceived a lack of "cooperation and respect" from local law officials. This reaction was fueled by the belief that the police were "not looking for Bill, our son." After

frustrating endeavors with the police and F.B.I., Mr. and Mrs. B went "national" with their search, an atypical reaction for parents with abducted children, but representative of the efforts that bereaved people can muster to regain contact with the loved person. Mr. and Mrs. B found themselves in the middle of a "media whirlwind orchestrated by consultants for the best timing of news releases." This process appeared to be self-perpetuating as the two also entered the political and legislative arenas to spark state and national policy decisions concerning missing children. A sense of duty energized this couple to an exceptional search for their son. They wanted the disappearance of their son "to count for something for him and for other children who are abducted." Their search has continued for over thirty-six months. Although the style of the searches has altered, Mr. and Mrs. B still state they "are as committed as ever" to looking for Bill. Federal "bungling" of the case continued to inject states of anger which provided incentive to further their speaking engagements throughout the country. Meanwhile, the couple has maintained ongoing "home and work responsibilities."

Mixed with emotions of anger, the parents of Bill also reported "dead days," referring to "down times or depression." Intense episodes of sorrow were recalled upon finding an object that belonged to Bill. "Having your heart torn out" was a summary from Mrs. B, that summed up her

description of such feelings. Structured reminders such as their "pact" to their marriage and use of previous cognitive rehearsal work seemed functional in spurring the couple out of depressing moods. "We can't allow ourselves self-pity if we hope to find Bill," related Mrs. B in a statement that characterized this phase of mourning. Finally, the protest and lamentation of this couple in phase two was reminiscent of the coping style that Spiegel called the Aggressive Mechanism. The urge to seek answers and to strongly confront those causing frustration thus casts a more normative light on the intensive search of this couple.

3. Phase of Disorganization

The interview this researcher held with Mr. and Mrs. B did not uncover any significant material relating to this phase. An approximation was located in the description of dramatic changes in family life, though. Mr. and Mrs. B described themselves as "family oriented and not necessarily into political action" before the abduction. Also, Mr. and Mrs. B discovered that virtually all aspects of their lives were "turned over" as the search for Bill consumed their energies, time, and living quarters. Another comment that approached a sense of disorganization was the alteration of expected life events. "Bill was such a good, kind boy. Why did it happen to him?" was representative of this attitude. Even though Mr. and Mrs. B reported drains on

finances, lack of community support, and enervating search-related schedules, neither one admitted or gave the appearance of succumbing to depression and dysfunctional behaviors within the family or the workplace. An unexpected "insult" was noted in the form of criticism of their personalities and lifestyle. Mr. and Mrs. B related feelings of betrayal as a result but resolved to "develop support systems in alternate locales and to continue their search for Bill."

4. Phase of Greater or Lesser Degree of Organization

Bowlby postulated that a person needed to experience the pain of disorganization prior to entering the final phase of his grief model. Again, Mr. and Mrs. B appeared to be centered in phase two of their search. Some degree of identity change reflected energy spent in this final category, however. After three years, Mr. and Mrs. B still retained a great deal of hope in eventually recovering their son. They did not anticipate that the beginning search would throw them into the national news nor did they have prior experience in lobbying legislators about political issues. Mr. and Mrs. B accounted for these shifts in styles as necessary "if we had any hope of finding our son. We had to fight to save our son's life since others weren't. We pioneered efforts in this state to help protect kids." Clearly, the loss this couple experienced energized them to

accomplish tasks that at one point seemed insurmountable to them.

Comparison and Contrast of the Two Families

Congruences of Family A and Family B

1. Phase of Numbing. As a forward to further examination of coping strategies of the two families, Parkes and Weiss have commented:

> Grief is painful, whether there has been anticipation or not. But where there has been no anticipation, there is bewilderment as well as loss, inability to grasp the event, refusal to accept a world in which tragedy occurs so arbitrarily, an insistence on protest: "It makes no sense." Although unanticipated loss does not seem more painful than anticipated loss, it is more disabling and much more difficult to recover from.[1]

Even though Family A and Family B reacted to the abduction in caring ways, the two subjects both suffered such unanticipated losses as well as the exceptional loss of a child. Both factors have been noted as complicating normal grief reactions and patterns in the population of mourners at large.

In the phase of numbing, Family A as well as Family B responded with similar, initial reactions: anxiety escalating to panic levels which prompted immediate searches

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[1]Parkes and Weiss, p. 95.

to recover their lost sons. As already noted, the emotion of anger fueled both subjects to intense efforts of locating a dependent family member. Since both boys disappeared under like circumstances, the families experienced congruent community and volunteer reactions of support and service. These networks assumed some portion of caring for the subjects upon learning of the loss. A sense of shock was reported by both families during this phase as well. Through the lenses of hindsight, the couples viewed shock as a helpful mechanism in allowing them access to limited and manageable information. Neither family reported a reaction of feeling overwhelmed or immobilized by the loss as a result. Like Bowlby suggested, their physical and emotional resources focused on the recovery of their loved ones, not on self-reproachment.

2. Phase of Yearning and Searching for the Lost Figure: Anger. The mounting anxiety and frustration led to a common reaction of the two families, that of anger. Although each subject had a chief target of this emotion that differed, the function of anger in both appeared to engender energies for a drawn-out search. Family A and Family B did have one joint target of their anger. Both reacted angrily toward police and other law personnel who were deemed as either contributing to the loss through inaction or who were perceived to be more directly

responsible by not "cooperating with the family or even other law departments." The two subjects were adament about mistrust of local police in particular. The efforts of the police also were strongly scrutinized as being "too late" or "insufficient." Just as parents of terminally ill children often argued with doctors about threatening medical diagnoses, these families seemed to mistrust those authority figures most closely connected to the cases of their children. Surrendering control of protection of the children seemed to be a shared difficulty of the two families. The displacement of anger seemed to be constructive in the sense of maintaining hope for the safety of the children. Bowlby observed that as long as anger continued, the loss was not accepted and hope lingered.[1] As he continued to summarize the initial grief stages, Bowlby distilled the commonality of Family A and Family B in this phase:

> The view I advanced, therefore, was that during this early phase of mourning it is usual for a bereaved person to alternate between two states of mind. On the one hand is belief that death has occurred with the pain and hopeless yearning that that entails. On the other is disbelief that it has occurred, accompanied both by hope that all may yet be well and by an urge to search for and to recover the lost person. Anger is aroused, it seems, both by those held responsible for the loss and also by frustrations met with during fruitless search.[2]

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[1]Bowlby, p. 91.

[2]Ibid., p. 87.

3. Phase of Disorganization. Despite the usefulness of anger, the prolongation of it in mourning was observed to induce some degree of despair in both subjects. Each family noted drastic differences in family functioning after the abduction which significantly disrupted daily life. Both families were quite relationally oriented and focused on "family fun." The absence of a member served as a continuous and unerasable reminder of loss. The most painfully evoked memories for both families seemed to focus on developmental milestones, traditional family-oriented celebrations, and specific items that were favored possessions of their sons. Both families mentioned a deep "emotional loneliness" that Bowlby and others felt was only softened by withdrawal of energy from one love object to be reinvested in another. Again, both subjects labeled the "uncertainty" of the child as the major dynamic that prevented closure on the grieving continuum. A pure reinvestment in another relationship was prohibited as long as hope activated attachment to the lost object of love.

Another source of agreement between the subjects in this phase was oriented around a perceived decrease of community support. Generally, this was seen as a gradual process of withdrawal marked by episodes that both families named as "attacks" by a few people. Parkes and Weiss commented on this phenomenon and suggested that eventually, the singular or corporate caring community may become

overtaxed with pain and find it easier to put abduction and unmanageable loss "out of our misery."[1]

Finally, both subjects still considered recovery of the "stolen child" a reversible process. Despite the temporary disorganization and dysfunction that the losses induced, neither family completely "gave up" hope during this phase. Levels of hope and energy seemed contingent primarily on further sightings and "evidence that our son is still out there." Parental "duty" to the child appeared to be the bedrock of such undying hope. Attachment of primary bonds between parent and child was clearly exhibited by both families.

4. Phase of Greater or Less Reorganization. The two families studied in this report experienced the previous three phases of grieving and commented on some constructive changes despite an "unbelievable loss." Both subjects noted that they were able to resume most areas of daily life. Chief among these areas were their marriages and abilities to either stay on the job or to return to another employment source. Bowlby referred to the high casualty rate of intimate relationships when significant loss is encountered. Marital separation, divorce, severe psychosomatic illness, and major clinical depression were

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[1]Parkes and Weiss, p. 256.

noted in the literature.[1] Family A and Family B stated a strong commitment to family even though "dark days remained." A final commonality of the subjects at this stage was the dedication not only to Andrew and Bill but also to "all abducted children."

Variants in Coping Strategies of Family A and Family B

1. Phase of Numbing. In articulating differences in individual coping styles, Parkes and Weiss stated:

> Whatever the contribution of such factors it does seem that the personality and previous life experience of the individual are likely to be important determinants of the reaction to bereavement. It is hardly surprising that a high incidence of previous depressive illness among bereaved psychiatric patients has been found (Parkes 1962). Bereavement may also cause exacerbation of antecedent neurotic symptoms (Wahl 1970). Still, Lindemann thought that a history of previous neurotic illness is comparatively unimportant in determining prognosis after bereavement....
>
> More important are the indirect influences of social isolation and lack of support which cause some bereaved people to hide their grief for fear of ostracism, while encouraging others to cling to a fantasy relationship with the dead person as the one meaningful connection they retain. The fact that society does permit bereaved people temporarily to withdraw, with assured support, from social and occupational responsibilities, may encourage some to suppress grief and others to remain withdrawn, just as some physically ill people refuse to admit to their illnesses and others remain disabled long after their health has begun to improve.[2]

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[1] Bowlby, p. 121.

[2] Parkes and Weiss, p. 21.

Family A appeared to differ from Family B during this initial phase in that Family A placed more trust in the police at first. A partial explanation was found in the "carbon copy" proceedings of the two abductions. Perhaps the police and the community were already sensitized toward investigative action and were able to replicate earlier recovery strategies implemented by Family B. Some of the errors in the interfacing professional systems may have been worked out by the time of this abduction as well.

Along with positive, initial interactions with the police, Mr. and Mrs. A stated less public controversy with law enforcement at large over the disappearance of their son. Mr. and Mrs. A also were appreciative of volunteer efforts. This researcher speculated that the network of volunteer helpers was quite sensitive to the relationship between each family and the local police. With these two cases, greater conflict with publicly sanctioned law enforcers eventually led to less active community support for members of Family B who were more critical of the police. The relationship between family attack on potential "allies" or the police and the reaction of community "comforters" or volunteers was seen as requiring further research.

2. Phase of Yearning and Searching for the Lost Object: Anger. Mr. and Mrs. B felt that this was the most accurate phase to portray their "nutshell" reaction to the abduction of their son. This couple remained active with personal searches, speaking engagements, and political activities. They possessed skills and attributes which accounted for their effectiveness in these areas. Mrs. B felt that they were successful politically due to their use of national resources in particular. These two parents were articulate in their frustration with bureaucratic agencies and vowed to keep working until they "know the truth about their son."

Mr. and Mrs. A, in contrast, spent a less percentage of their overall time actively searching for their son. Their intensity in this phase, however, was reported to be significant for them. This couple also was clear about a difference in grieving styles which surfaced most strongly at phase two. Mrs. A reported less hope than Mr. A which eventually was dysfunctional for them. Mr. and Mrs. A commented on "strong suspicion and paranoia" toward a family member that might have been involved in the abduction. Even though that suspicion gave rise to hope, this researcher hypothesized that chronic family dysfunction may have manifested itself around this family member even before the abduction occurred.

Chiefly, communication and interpersonal trust factors

seemed to suffer and to push Mr. and Mrs. B toward disorganization at a more rapid pace. With their energies dissipated over more areas, Mr. and Mrs. A seemed less able to maintain a steady, activated search for their son. These negative dynamics soon became self-perpetuating and broke down defense mechanisms of the couple which were no longer effective in dealing with this heightened stress of loss.

Prolonged anger without resolution was primarily responsible for greater problems in this couple than in Family B. This anger, occasionally directed toward one another, broke down emotional marital resources that might have been useful for Mr. and Mrs. A.

3. Phase of Disorganization. With Mr. and Mrs. A, the former signs of decompensation became heightened as shown by an increase in: (1) depressive symptoms, (2) unemployment, (3) frequent and unfinished marital quarrels, and (4) diminished hope of recovery of their son. Threats of separation occurred at this phase but were not acted upon by the couple. A turning point seemed to happen when Mr. A said he "broke down and cried all night." He received reinforcement for this risk and continued with enough variation in self-expression and spousal behavior to alter marital interactions. When Mr. and Mrs. A were able to discuss feelings of loss with less projected hostility, they evidently "turned the corner" toward the next phase of

grief. Both could agree that the ongoing stress of the abduction did have "at least this one positive factor" for them. Bowlby had observed similar workings with other grievers and surmised that passage through difficult stages was necessary to face the pain of loss, to develop new identities, and to alter views of societal order.

Mr. and Mrs. B reflected little of the disorganization phase overall, although this couple admitted periods of depression. According to their perceptions, Mr. and Mrs. B experienced the greatest and most dramatic shifts in their thinking when they encountered frustration with legal authorities in the search for their son. Their public criticism of local police had unanticipated negative feedback from a previously supportive network in the community. Mr. and Mrs. B reported several "assaults" toward them in face-to-face interactions, via crank phone calls, by bounty hunters and psychics hoping to gain financially from their pain, and from media releases that further antagonized the police and this couple by distorted quotations. A "shattering" of their family life, of course, was the most dramatic event that would characterize Mr. and Mrs. B in this phase. In addition to the hope of recovering their son, a philosophic dedication to serving abducted children at large seemed instrumental in helping Mr. and Mrs. B to pass from the phase of disorganization into the stage of greater reorganization.

4. Phase of Greater or Lesser Reorganization. As earlier stated, neither subject was noted to exhibit significant behaviors characteristic of this phase. This was anticipated since Bowlby examined data from grievers who suffered an actual loss--a physical death. For either couple to have fully entered this final phase, they would need to have abandoned all hope for the retrieval of their children. Such a thought was not permissible for these subjects given their sense of parental attachment and "duty" to protect their children. Nonetheless, some elements showing differences of overall coping strategies can be traced.

Bowlby described two chief variants of grieving: chronic mourning and prolonged absence of conscious grieving.[1] Mr. and Mrs. A would seem to be indicative of the former state as they demonstrated more persistence with depression, disorganization of personal and community resources, and had a difficult time resuming employment and daily nurturant functions of their marriage and family. Bowlby has posited that chronic mourning may be regarded as a distorted version of the phase of yearning and searching and that of disorganization and despair. This researcher would agree but also would clarify that the distortion of the phases rests in the uncertain knowledge of the welfare

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[1]Bowlby, p. 138.

of the love object. This uncertainty would seem to be responsible for blocking a more complete working through of a sense of loss.

Mr. and Mrs. B, however, appeared to be more akin to the second variant of mourning, absence of conscious grieving. Their lives seemed about as externally organized as they were prior to the abduction. Both admitted, though, to "times that were tenable." Bowlby felt that this style of grieving represented a distortion of the initial phase of grieving, that of numbing.[1] Mr. and Mrs. B did state a strong conviction that their son was alive, even after three years.

Summary of Styles

Although the grieving styles of the two subjects demonstrated similarities as well as differences, a major common denominator can be found in the words of Bowlby:

> Opposite in many respects though these two variants are they none the less have features in common. In both, it may be found, the loss is believed, consciously or unconsciously, still to be reversible. The urge to search may therefore continue to possess the bereaved, either unceasingly or episodically, anger and/or self-reproach to be readily aroused, sorrow and sadness to be absent. In both variants the course of mourning remains uncompleted. Because the representational models he has of himself and of the world about him remain unchanged his life is either planned on a false basis or else falls into unplanned disarray.[2]

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[1]Bowlby, pp. 138-39.

[2]Ibid., p. 138.

Consequently, a final determination of the normalcy or of the dysfunction of the grieving and mourning styles of Family A and of Family B has been omitted as being beyond the purpose and scope of this report. To aid in further research, however, this author has included brief diagnostic criteria as to positive or negative recovery from grief which were postulated by Parkes and Weiss. The steps toward constructive recovery were described as:

1. An intellectual acceptance of the loss. Typically, a rational account or explanation of the loss was developed that answered the central question of "Why has this happened?" This appeared to be a primary point in the process of facing loss constructively.

2. An emotional acceptance. This step was seen as completed when virtually all elements of the loss had been faced. Eventually, the griever recalled tolerable and pleasurable memories of the lost person as well as the painful ones.

3. A "new" identity. Three alternatives seemed available for grievers. One option was based on the assumption that a relationship continued. Elements of denial evidently were operative with this position. A second identity supposed that the lost person no longer existed, neither did any sense of obligation to the person remain. New self-images were forged to meet a changed world of relationships. A third choice of identity was based on

the assumption that the lost person had been transported to another sphere but could still be affected by the bereaved's thoughts and behavior.[1] Depending on cultural and spiritual orientations, this choice may or may not have been useful.

To repeat, no generalizations to a larger population were drawn from this sample size of two families. The prime objective of this report was to test the appropriateness of the Bowlby attachment model as it pertained to the bereavement dynamics of families who have lost a child by means of abduction. The conclusions and recommendations of the study are included in the next chapter.

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[1]Parkes and Weiss, pp. 159-60.

CHAPTER FIVE

Summary, Conclusions and Recommendations

Summary

As this study has demonstrated, the loss of a child through abduction has been virtually an unmapped territory for both the families who have incurred such a loss as well as for those involved in law enforcement and community support services. The use of credited bonding and attachment theories was seen as productive in that a clinical structure was adapted to help order an otherwise tumultuous experience for the people involved. The work of John Bowlby was particularly useful in understanding the dynamics of loss at large and then in extending those dynamics to a select group of subjects, those families who had no reliable information as to the welfare of their children. The attachment model shed light on normal grief reactions and how the process can be distorted by a number of variants.

Chief among these variants was protracted and unresolved anger that both families experienced. Both Family A and Family B were adamant about their frustration with law enforcement agencies from the local to the national level. In addition, the subjects experienced a loss of

community rapport which also intensified their sense of anger, isolation, and alienation from a once supportive network. Both families became disillusioned with formerly supportive groups and owned differing amounts of betrayal feelings. Raphael summed up this dynamic as she wrote:

> The death (loss) of a child is evocative for the whole social groups. The tragedy of lost life and future, the fears for other children and the self, make the deaths (losses) particularly significant.[1]

The Bowlby model did not thoroughly explain the dynamics of loss through child abduction. The uncertain knowledge of the fate of the abducted child thwarted a complete journey through the four grief and mourning stages. Unresolved anger seemed to be the chief dynamic that fixated the subjects in their characteristic grief phase.

Conclusions

While not accounting for the protracted uncertainty of loss reactions, the work of Bowlby was helpful in offering a generally predictable and developmental sequence of grief and mourning phases. Families A and B were observed as spending differing amounts of time in the four phases and both were assessed as being unable to complete a normal course of grief. Each family maintained differing amounts

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[1]Raphael, p. 235.

of hope that the lost person was still retrievable, the chief dynamic that caused the subjects to vascillate between the stages. Mourning was not completed with either subject given the uncertain nature of the loss. Each subject appeared to adopt a specific grief style, however, which is consistent with conclusions of other researchers and projects studying bereaved parents. Bowlby noted with such bereaved groups that the pattern of parental response to a fatal illness of a child tended to be shaped during the first few weeks after a diagnosis and changed very little after that.[1] This statement would appear to be a resume of parental attitudes toward self, the family, crisis management capabilities, and a host of factors that affect relationships. (Appendices C-E). The generalization of Bowlby, then, also seemed applicable to parental grieving reactions stimulated by abduction. Symbolic losses and losses of uncertainty appeared to be within his framework of grief and mourning dynamics but not thoroughly articulated. Expansions of the mold to include abduction losses would seem necessary in order to account for grief reactions due to this unique sense of loss.

The work of Bowlby did account for the gradual decline of community support for both Families A and B. The unresolvable anger and grief processes of the families

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[1]Bowlby, p. 121.

evidently were not consistently tolerated by the community over a prolonged period of time. Further research into the interface of mourners and comforters could also prove to be an insightful extension of the loss model.

Recommendations

Based on the research interviews of Family A and Family B, the following recommendations are offered:

1. That communities and states organize clearinghouses to spearhead the search activities of abducted children. Especially in cases of protracted abductions, the burden of searching appears to precipitate some degree of dysfunction in family members. The "wounded" families seem to benefit from this bonding and protection while energies are regrouped. Respite care from the burden of the search also would be available to the families.

2. Community education procedures concerning childhood abduction to be instated. Informing the general public on a periodic basis of the issues of missing children may keep the community supportive of families who have abducted children. Regular educational efforts may help the community to be more consistent in its caregiving to victimized families.

3. Developing liaison networks between the family and law officials. As both subjects noted, this area remained an unsettled one and a breeding ground for unresolved and

protracted anger for the families. A buffer person or agency could help mediate police and family interactions during intense interactions. Such a person or organization could also help both parties attain a frame of reference that accommodates a mutually shared definition of the problem of abduction and realistic intervention strategies.

Discussion

As previously stated, the attachment and loss model of John Bowlby was largely able to account for the bereavement dynamics that the families in this research encountered. The prime bond of parents and children that Bowlby explained was applicable to the subjects of this study as well.

Following prediction, the unique aspects of uncertain losses reported by the subjects were not thoroughly contained in the Bowlby model. Symbolic losses and their subsequent dynamics approached the issues of uncertain loss, however. More exploratory work in this area seems appropriate.

As this research project also had a goal of offering guidelines to professionals involved in bereavement counseling at large, such recommendations are given in this section. The guidelines are tailored from general grief counseling so as to be more germane to the sense of loss incurred through child abductions. Although the recommendations for clinical intervention were not direct

products of the case study, they were gleaned from an understanding of established grief and mourning theorists. The recommendations are as follows:

1. A familiarization with normal grief processes and styles developed by theorists such as Spiegel, Bowlby, and Raphael. These positions have been outlined in the review of the literature and in the appendices.

2. A thorough family assessment of all significant members so as to ascertain varying grief reactions and meanings of the loss for respective family members.

3. Predicting with the goal of normalizing painful grief reactions to family members as they experience the loss across time.

4. Helping the family to recognize and deal with its vulnerability to survivor and recovery guilt dynamics. Isolation from the community, restricted functioning, and elements of anhedonia all require attention if they are observed.

5. Development of support groups for the family. Helping families wi h abducted children gain access to one another could be beneficial. Self-help groups are generally known to provide some measure of comfort and reassurance to respective members.

6. In long-term absences, assisting the family in re-structuring vital tasks such as employment, school activities with remaining children, or avocational pursuits

for all members. A sense of activity and movement can be instrumental in helping families mobilize their resources and to find new meaning for themselves.

7. Development of rituals that can help structure and ameliorate uncertain and unfinished grief reactions. As conventional grief work is disallowed by the uncertain welfare of the child, the current rituals and symbols of funerals and burials are inappropriate for these families. Alternatives such as journaling emotions, marking anniversaries, holidays, birthdays, or supporting other childhood and adolescent causes are options. Counselors should be aware of either morbid preoccupation with the missing child or of premature dismissal of his possessions as reminders of the loss. A solid base in grief reactions can sensitize bereavement professionals to such concerns.

8. Acknowledgement of the unfinished grief process. This aspect poses the greatest challenge in assisting family members to constructively grieve over a prolonged period of time. Acceptance of uncertainty remains difficult for many people. Helping the family to manage their grief positively instead of avoiding and denying the pain would seem to be a useful objective. Prediction of occasional regressed functioning may also help reduce the anxiety and sense of helplessness during episodes of intense grief. Teaching the family how to use available community, state, and federal resources can help provide a sense that the family is not

forgotten and alone in its grief.

Further Research Topics

A natural tendency for professionals would be to avoid the pain of re-encountering the issues of loss and separation. Certainly, the dynamics of childhood abduction are replete with such trauma. To those people who can effectively manage their personal issues and have commitment enough for the intense work, further research in this area would be an appropriate investment of time and energy. More research is needed in the area of prevention of childhood abductions altogether. Although many programs have been recently developed, researchers could investigate which ones are guilty of inducing general paranoia and which ones are psychologically sound. The efficient administration and enactment of effective programs is a related concern as well.

Legislation has begun to be developed across the country to help track children who are abducted and to locate their abductors. A comprehensive study of the various disciplines involved and how to maximize their cooperation is a possible research topic. "Red tape" of bureaucracies and a provincial sense of "territory" have been noted problems in investigating cases of abduction. A systematic plan to help open these agency boundaries could prove useful.

A comparison of clinical strategies and use of self-help groups could be professional avenues of further study. Established groups that deal with childhood bereavement might be studied as to their appropriateness to losses incurred through abductions by strangers.

Longitudinal studies of families with children found murdered or who remain absent also would be beneficial in recognizing and treating the unique constellation of problems that exist among families with abducted children. The dependent nature of children upon their caregivers is indeed an appropriate posture for both parties. Areas of intense ambivalence in relationships are generally perceived to be springboards for further clinical problems. Future studies could address how these powerful ambivalences in parent-child relationships affect the course of grief work. Finally, the various developmental ages of children and the normal family life cycle may each offer areas of further investigation in terms of separation and loss. A profile of predictable issues at particular ages and stages could be helpful in assessing needs and then in devising treatment modalities for distinct categories.

Concluding Statement

The problems and challenges of childhood abductions have become painfully obvious in recent years. The public testimony of afflicted families has brought on a national

awareness of the reality of "stolen children." Although headway has been noted in addressing this trauma, the task has only begun. Professionals in bereavement counseling and the country as a whole are faced with a major decision either of avoiding this area of pain or of renewing energies to face it directly.

We can benefit from the clinicians and researchers who have already pioneered constructive means of helping those who have encountered the pain of loss. In describing the work done in bereavement, Parkes and Weiss have made a fitting challenge not only to the world of the bereaved with defined losses but also to the families with abducted children. In addressing these issues, the authors write:

> The processes of recovery from bereavement and the ways in which these processes can be impeded may provide a model for recovery from any irremediable loss. Awareness of these processes and of how to facilitate them may be helpful not only in relation to bereavement.
>
> The world contains many sources of security and satisfaction, but none of them is imperishable, and we all need to be prepared for the losses that will surely come. One way to prepare for loss in our own lives is to make contact with others who are facing loss in theirs. By doing so, we help to create a community that cares and can be trusted. In time we, too, will need the presence of others, if not their active help, as well as trust and confidence and hope. Trusting each other, we can trust in life and in ourselves.[1]

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[1]Parkes and Weiss, pp. 257-58.

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Volunteer A. Personal interview. 10 September 1985.

APPENDIX A

DIRECTORY OF SUPPORT AND SERVICE AGENCIES

Directory of Support and Service Agencies

1. Adam Walsh
Child Resource Center
1376 North University Drive
Suite 306
Fort Lauderdale, Florida 33322
(305) 475-4847

227 South Orlando Avenue
Winter Park, Florida 32789
(305) 629-1811

2. Alaska Youth Advocates
600 Cordova, Suite 3
(907) 274-6541 (24 hours)
(907) 563-SAFE (shelter)

3. Child Find
P. O. Box 277
New Paltz, New York 12501
(914) 255-1848

4. Child Find-Missouri
P. O. Box 19823
St. Louis, Missouri 63144
(314) 781-8226

5. Child Find of Utah
5755 Hansen Circle
Murray, Utah 84107
(801) 261-4134
(801) 262-8056

6. Childkeyppers International
P. O. Box 6456
Lake Worth, Florida 33466
(305) 586-6695

7. Children's Rights of America
2069 Indian Rocks Road, Suite B
(813) 584-0888

8. Children's Rights of New York
19 Maple Avenue
Stony Brook, New York 11790
(516) 751-7340

9. Children's Rights of PA
P. O. Box 4362
Allentown, Pennsylvania 18105
(215) 437-2971

10. Child Save
P. O. Box 271356
Concord, California 94527-1356
(415)676-SAVE

11. Childseekers
P. O. Box 6065
Rutland, Vermont 05701-6065
(802) 773-5988

12. Child Watch
P. O. Box 2381
Richmond, Virginia 23213
(804) 346-0191 (24 hours)

13. Child W.A.T.C.H.
606 Mt. Zoar
Elmira, New York 14904
(607) 732-0562

14. Commission on Missing
and Exploited Children
P. O. Box 310
Memphis, Tennessee 38101
(901) 528-2005

15. Community, Runaway and
Youth Services
190 East Liberty
Reno, Nevada 89501
(702) 323-6296

16. Dee Scofield Awareness Program
4418 Bay Court Avenue
Tampa, Florida 33611
(813) 839-5025

17. Exploited Children's
Help Organization
720 West Jefferson Street
Louisville, Kentucky 40202
(502) 585-3246

34. Missing Children Information Clearinghouse
P.O. Box 1489
Tallahassee, Florida 32302
(904) 488-5221
1-800-342-0821 (Florida only)

35. Missing Children of Allegheny County
1008 Duhrman Street
McKees Rocks, Pennsylvania 15136
(412) 321-6400
(412) 771-3000 (hotline)

36. Missing Children of America
P. O. Box 10-1938
Anchorage, Alaska 99510
(907) 272-8484

37. Missing Children of Greater Washington
4200 Wisconsin Avenue, N.W.
Suite 201
Washington, D.C. 20016
(202) 686-1791

38. Missing Children's Project
1017 University Avenue
Berkeley, California 94710
(415) 549-3320

39. Missing Persons' Center of Nueces County
P. O. Box 1940
Corpus Christi, Texas 78403
(512) 883-0265 (24 hours)

40. National Child Search
P. O. Box 1654
Johnson City, Tennessee 37605
(615) 474-2232

41. National Fingerprint Center for Missing Children
Box 945
Kirksville, Missouri 63501
(816) 627-1277

42. New England M.I.D.S.
516 Grafton Street
Worcester, Massachusetts 01604
(617) 791-1130
1-800-392-6090

43. New Jersey Commission on Missing Persons
Office of the Attorney General
Richard J. Hughes Justice Complex, CN081
Trenton, New Jersey 08625
(609) 984-5830

44. Ocean County Commission on Exploited and Missing Children
Ocean County Sheriff's Department
146 Chestnut Street
Toms River, New Jersey 08753
(201) 349-1454

45. Oklahoma Parents Against Child Stealing
P. O. Box 2112
Bartlesville, Oklahoma 74005
(918) 534-1489

46. Orange County Search and Rescue
P. O. Box 5548
Buena Park, California 90622
(714) 828-3200

47. Parents Against Molesters
P. O. Box 12591
Norfolk, Virginia 23502
(804) 465-1582

48. Project: Missing Children
5804 Ames Avenue
Omaha, Nebraska 68104
(402) 347-6674

49. Protect the Children
P. O. Box 49
Steger, Illinois 60475
(312) 755-6008

50. Reach Out Center for Missing Children
1003 Stadium Drive
Durham, North Carolina 27704
(919) 471-3112

51. Recover the Children
Jane Adams Building
11051 34th, N.E.
Seattle, Washington 98125
(206) 622-0600

18. Families Aware of
Childhood Traumas
P. O. Box 99
Carle Place, New York 11514
(516) 338-4945
(516) 334-0971

19. Family and Friends of
Missing Children
Jane Adams Building
11051 34th, N.E.
Seattle, Washington 98125
(206) 362-1081

20. Find Me
P. O. Box 1612
LaGrange, Georgia 30241
(404) 884-7419

21. Find My Child
Support Network
P. O. Box 27394
Raleigh, North Carolina 27611
(919) 833-3730

22. Find the Children
1311 W. Olympic Boulevard
Los Angeles, California 90064
(213) 477-6721

23. Foundation to Find and
Protect America's Children
P. O. Box 436
Oak Ridge, New Jersey 07438
(201) 697-4088

24. Friends of Child Find
P. O. Box 35
Wierton, West Virginia 26062-0085
(304) 748-8163

25. Friends of Child Find
California
P. O. Box 84088
San Diego, California 92138
(619) 268-1933

26. Friends of Child Find
of Oregon
P. O. Box 756
Springfield, Oregon 97477-0131
(503) 341-3822

27. Hide and Seek Foundation
P. O. Box 722
Cornelius, Oregon 97113
(503) 472-4333

28. Home Run:
A National Search for
Missing Children
4575 Ruffner Street
San Diego, California 92111
(619) 292-5683

29. Kentucky Alliance for Exploited
and Missing Children
400 South Sixth Street, 3rd Floor
Louisville, Kentucky 40202
(502) 587-3621

30. Kevin Collins Foundation
for Missing Children
P. O. Box 590473
San Francisco, California 94159
(415) 863-6555

31. Lost Child Network
P. O. Box 6442
Shawnee Mission, Kansas 66206
1-800-343-5679 (for sightings)

32. Louisville/Jefferson County
Exploited and Missing Child Unit
400 South Sixth Street, 3rd Floor
Louisville, Kentucky 40202
(502) 588-2199

33. Missing Children Help Center
410 Ware Boulevard, Suite 303
Tampa, Florida 33619
(813) 623-KIDS (in Florida)
1-800-USA-KIDS (outside Florida)

52. Search Reports
560 Sylvan Avenue
Englewood Cliffs, New Jersey 07632
(201) 567-4040
1-800-526-4603

53. Services for the Missing
150 Berlin Road
Gibbsboro, New Jersey 08026
(609) 783-3101

54. Society for Young Victims
29 Thurston Avenue
Newport, Rhode Island 02840
(401) 847-5083

5 Washington Street
Manchester, Massachusetts 01944
(617) 526-1080

55. Society's League
Against Molestation
P. O. Box 833
Beltsville, Maryland 20705
(301) 953-3237

56. Stephanie Roper Committee
P. O. Box 173
Cheltenham, Maryland 20623
(301) 952-0063

57. Thursday's Child Runaway
Outreach Program
24100 Hartland Street
Canoga Park, California 91307
(818) 710-1181

58. Top Priority: Children
P. O. Box 2161
Palm Springs, California 92263
(619) 323-1559

59. Vanished Children's Alliance
P. O. Box 2052
Los Gatos, California 95031
(408) 354-3200

60. Victims of Violence:
Victims' Rights Advocates
Postal Station, South Edmonton
10465 80th Avenue
Edmonton, Alberta, Canada T6E 4S7
(403) 481-5073

61. Windsor Missing Children
P. O. Box 3243
Tecumseh P.S.
Windsor, Ontario, Canada N8W 2M4
(519) 735-2712

Source: Directory: Support Services for Missing and Exploited Children (Washington, D.C.: National Center for Missing and Exploited Children, 1985), pp. 1-61.

APPENDIX B

GRIEF AND WELLNESS

Ideas on Wellness

1. Grieving and wellness seem unrelated, but unresolved grief often leads to illness and always leads to a decline in wellness. (Note that distinction carfully: there are degrees of wellness above the level of sickness.)

2. Wellness can be defined as a lifestyle in which the physical, emotional, mental, and spiritual dimensions of our being are balanced so that we can use our life energy effectively in pursuing our goals.

3. Loss of a loved one (or any other significant loss) upsets the balance and defuses our energy.

4. Grieving is the process of restoring our balance in all dimensions, refocusing our energy and affirming our goals.

5. In the physical area, exercise and nutrition are extremely important.

6. Aerobic level exercise releases endorphins, the body's natural pain killers. Even at non-aerobic levels, it relieves tension and generates energy. The key is to keep one's exercise routine practical so that it will be done.

7. Nutrition is also a key to physical wellness because many foods seem to contribute to depression, e.g. caffeine, nicotine, alcohol, complex sugars. (They tend toward temporary highs followed by crashes.) Understanding and recognizing the "meal memories" syndrome (what happened at meal time before the loss) is also helpful in putting together one's new routines after a loss.

8. Emotional wellness is linked to having someone you can talk to without having to apologize for your feelings. Learning how to name your feelings in as many ways as possible is important to being able to communicate them.

9. Stress management techniques help deal with emotions. These include deep breathing, guided imagery, integration exercises, and assertiveness.

10. Mental wellness can be assisted by learning to substitute alternative positive images of your loved one for the distressing images which often fill our minds after a death.

11. Spiritual wellness necessitates keeping in touch with your source of live energy, both through active communication (perhaps some form of prayer) and passive receptiveness (presence).

12. Reaching out to others who need you can also help you do your own spiritual healing.

13. Recognize that whatever you think, feel, question, or believe is acceptable for you at this time and place. Don't "should" on yourself.

14. Let the healing touch be part of your life. Non-verbal communication of acceptance, compassion, and love is often more believable than words.

15. Live through your grief. Let it reach deep within you so that as healing emerges, you can go on working for balance within yourself in your permanently changed world.

Source: Dr. Myrna Grandganett, "Ideas on Wellness," Religion 119, Drake University, Fall, 1985.

APPENDIX C

FACTORS INFLUENCING THE GRIEF REACTION

Factors Influencing the Grief Reaction

Rando has developed the following categories that influence the outcome of grief reactions:

A. Psychological Factors

1. The unique nature and meaning of the loss sustained or the relationship severed.
2. The individual qualities of the relationship lost.
3. The roles that the deceased occupied in the family or social system of the griever.
4. The individual's coping behaviors, personality, and mental health.
5. The individual's level of maturity and intelligence.
6. The individual's past experience with loss and death.
7. The individual's social, cultural, ethnic, and religious/philosophical background.
8. The individual's sex role conditioning.
9. The individual's age.
10. The characteristics of the deceased.
11. The amount of unfinished business between the griever and the deceased.
12. The individual's perception of the deceased's fulfillment in life.
13. The death surround or the immediate circumstances of the death.
14. The timeliness of the death.
15. The individual's perception of preventability.
16. The sudden versus expected death.
17. The length of the illness prior to death.

18. Anticipatory grief and involvement with the dying patient.

19. The number, type, and quality of secondary losses.

20. The presence of concurrent stresses or crises.

B. Social Factors

1. The individual's support system and the acceptance and assistance of its members.

2. The individual's socio-cultural, ethnic, and religious/philosophical backgrounds.

3. The educational, economic, and occupational status of the bereaved.

4. The funerary rituals.

C. Physiological Factors

1. Drugs and sedatives.

2. Nutrition

3. Rest and sleep.

4. Physical health.

5. Exercise.

Source: Therese A. Rando, Grief, Dying, and Death: Clinical Interventions for Caregivers (Champaign, IL: Research Press, 1983), pp. 43-57.

APPENDIX D

VARIANTS OF GRIEF PROCESSES AND CONTRIBUTING FACTORS

Variants of Grief Processes and Contributing Factors

Bowlby defined three main variants from the normal, developmental process as:

A. Chronic Mourning

1. The emotional response to loss is unusually intense and prolonged.
2. In many cases anger and self-reproach dominate and persist.
3. Sorrow is notably absent.
4. The mourner is unable to re-organize his life.

B. Prolonged Absence of Conscious Grieving.

1. The griever appears to be as organized as ever.
2. Acute depression may be present.
3. A variety of psychological and physical afflictions may occur.

C. Commonalities of Chronic and Absent Grief

1. The loss is believed, consciously or unconsciously, still to be reversible.
2. The "urge to search" may occur sporadically or unceasingly.
3. Anger and self-reproach are easily aroused while sorrow remains absent.
4. The normal course of grieving remains uncompleted with resulting disarray or disorganization.

D. Euphoria

1. This third variant is the least common.
2. In severe cases, the mourner may present a manic episode.

E. Factors Influencing Chronic Mourning

1. Age at bereavement.

2. Sex of bereaved

3. Causes and circumstances of the loss are seen as:

   a. whether the mode of death necessitates a prolonged period of nursing by the bereaved;
   b. whether the mode of death results in distortion or mutilation of the body;
   c. how information about the death reaches the bereaved;
   d. what the relations between the two parties were during the weeks and days immediately prior to the death;
   e. to whom, if anyone, responsibility seems on the face of it to be assignable.

4. Multiple stressors.

5. Living arrangements.

   a. whether the bereaved is living alone or with other adult relatives;
   b. whether he is responsible for the care of young or adolescent children;
   c. socio-economic provisions and opportunities;
   d. beliefs and practices facilitating or impeding healthy mourning.

6. Cognitive biases affecting responses to loss are listed as:

   a. how the bereaved construes the part played in the loss by the dead person himself;
   b. how he construes his own part in the loss, and the way the dead person might regard it;
   c. what expectations he has of the way that anyone who might proffer assistance would treat him;
   d. how aware he is of the constructions he puts on past events and of their pervasive influence on the expectations he has in the present;
   e. the extent to which whatever constructions and expectations he may have are open to new information and so to revision, or else are closed.

7. Biases contributing to chronic mourning

   a. One model posits a view of the bereaved's parents as above criticism and a complementary one of himself as a relatively worthless person.

b. Consistent but subordinate to the first model is one where the bereaved sees his parents as grudging in affection and attention and often unavailable, and he himself as justified with demands on his parents and the anger he has toward them.
c. The bereaved pictures himself as being under total obligation always to provide for the attachment figure.
d. The lost person is idealized in order to deny the penetration of any negative or critical thought toward him.
e. A person who reacts to self-shortcomings by threats of desertion or suicide.

8. Factors contributing to the prolonged absence of grief.

a. A mourner may have learned to deny feelings of psychologic vulnerability if he encountered persistent and severe sarcasm or rejection when distressed as a child.
b. A facade of self-sufficiency and disavowal of the need for attachment may develop.
c. This person experiences difficulty in finding comfort from companions.

9. Biases contributing to a healthy outcome.

a. The bereaved has a model of attachment figures as being available, responsive, helpful and sees himself as a potentially lovable and valuable person.
b. His desires in childhood for love, comfort, and support will have been respected and met.
c. This person does not avoid the pain of loss.
d. He accepts comfort from others.

Source: John Bowlby, Loss: Sadness and Depression (New York: Basic Books, 1980), pp. 137-243.

APPENDIX E

SAMPLE OF FAMILY ASSESSMENT

Sample of Family Assessment

Variables to be Assessed

* Personality
* Sex
* Age
* Coping styles and abilities
* Religion/philosophy of life
* Social, cultural, and ethnic background
* Previous experiences with loss and death
* Maturity
* Characteristics of relationship with dying person
* Amount of unfinished business with dying person
* Intelligence
* Mental health
* Lifestyle
* Fulfillments in life
* Timeliness of the death
* Specific fears about dying and death
* Previous experiences with and personal expectations about illness and death
* Knowledge of illness
* Personal meaning of specific illness

In addition to assessing individual members, we must assess the family as a system. Remembering that the whole is more than the sum of its parts, we must analyze variables describing the family constellation, its systematic functioning, and the impact of the dying patient and his terminal illness on the family.

Family Constellation

* Makeup of family
* Developmental stage of family
* Subsystems (dyads, triangles, coalitions) within family
* Specific roles of family members and appropriateness of roles

Characteristics of Family System

* Degree of family flexibility/rigidity
* Communication style in family
* Family rules, norms, and expectations
* Family values and beliefs
* Quality of emotional relationships among family members
* Dependence, interdependence, and individual freedom of each family member
* Degree of enmeshment/disengagement of family
* Established patterns of transaction among members
* Socialization patterns of members in extrafamilial interactions
* Strengths and vulnerabilities of family
* Family leadership style and decision-making process

* Habitual methods used to resolve problems and conflicts or overcome crises
* Disciplinary patterns
* Family resources
* Cultural, religious/philosophical, and socioeconomic disposition of family
* Past experiences with illness or death
* Number, type, and effectiveness of family support systems
* Current problems identified by family
* Quality of communication with caregivers
* Anticipated immediate and long-range needs of family

The Dying Patient and the Illness

* Nature of patient's illness (death trajectory, problems of particular illness, treatment, amount of pain, degree of deterioration, rate of progression)
* Time passed since diagnosis
* Current family awareness of and understanding about illness and its implications
* Family members' specific feelings about particular illness
* Degree of strain illness puts on family system
* Number and type of patient's roles in family
* Degree of patient's knowledge of illness and its implications
* Patient's responses to illness
* Patient's subjective experience of illness (losses, pain, deterioration)
* Patient's acceptance/rejection of sick role
* Patient's striving for dependence/independence
* Patient's feelings and fears about illness
* Patient's comfort in expressing thoughts and feelings and extent of that expression
* Family's degree of participation in patient's care
* Location of patient (home, hospital, nursing home)
* Family members' fears and current emotional state pertaining to potential loss of patient
* Extent and quality of communication about illness
* Relationship of each family member with patient since diagnosis
* Family rules, norms, values, styles, and past experiences that might exhibit grief or interfere with therapeutic relationship with dying patient

Source: Theresa A. Rando, Grief, Dying and Death: Clinical Interventions for Caregivers (Champaign, IL: Research Press, 1983), pp. 349-50.

APPENDIX F

TASKS OF GRIEF

Tasks of Grief

According to Parkes and Weiss, the nature of the recovery from the grief process entails three distinct tasks:

A. Intellectual Recognition and Explanation of Loss

1. A functional rationale of the loss must be developed as an "account" of the loss.

2. The account must answer questions of the loss and identify factors leading to the cause of the loss.

B. Emotional Acceptance

1. This step involves an obsessive review of thoughts and memories of the lost one.

2. Avoidance of pain and painful memories is resolved.

3. Denial dynamics often initiate repeated attempts toward emotional acceptance.

4. Emotional acceptance of the loss is rarely complete.

C. A New Identity

1. A reasonably consistent set of assumptions about the self must be developed.

2. Idiosyncratic crisis resolution skills or conflicted grief work may give sway to one of three identities.

   a. An identity may be based on the assumption that the relationship with the lost person continues.
   b. A second identity may be based on the assumption that the lost person no longer exists and requires no further feelings of obligation to the person.
   c. A third identity is based on the assumption that the lost person has been transported to another sphere but remains in some type of communicative exchange with the bereaved.

Source: Colin Murray Parkes and Robert S. Weiss, Recovery from Bereavement (New York: Basic Books, 1983), pp. 156-60.

APPENDIX G

INTERVIEW GUIDES

Interview Guide

1. Tell me about the disappearance of your child. What happened? What was that day like in general?

2. Tell me about your child. Describe your relationship to him overall. How did other family members react to him? What was his general pattern of relating to others, friends, etc.?

3. What have you (parent/family) experienced since your child has been gone? How have things been with your friends, at work?

4. From the earliest time that you can recall, what other losses do you remember? What were those like? How did you handle those?

5. How do you imagine your life (personal/family) would be today if your child were still in your home? What would be different?

6. What is your prediction, idea, or fantasy of locating your child? Have you shared this with anyone? How does it relate to theirs?

7. Day to day, how do you cope with the absence of your child? How do you relate to your spouse, extended family, other children in the family? How would you describe a typical week or month in your family now that your child is absent?

8. What part of ongoing duties or responsibilities do you find the easiest? The hardest? What would others say about their duties?

9. Describe how you deal with the uncertainty of now knowing the location or well-being of your child?

10. How do you see your family living when you locate your child?

11. What type of service would be most helpful from the community at large? What are your expectations of the rest of us? How is all that going for you?

12. From Day 1 of the disappearance until now, what have you noticed about yourself in terms of coping and continuing with life? What have you observed about others in your family?

Revised Interview Guide

I. Collection of Demographic Information
Sample Questions:

A. Tell me about your missing child.

B. What is his name?

C. What is his age?

D. Are there siblings? (If so, names, ages, living arrangements)

E. What about grandparents? What is the frequency of their contact?

F. Are there other people living in your house now or at the time of the child's disappearance? If so, what is the relationship?

II. Data of the Disappearance
Sample Questions:

A. Tell me about the time of the disappearance.
   1. Time of day.
   2. Season of year.
   3. Other activities before and after the disappearance.
   4. Length of time between suspected disappearance and your awareness of it.
   5. Any special qualities governing his activities and whereabouts: handicap, special interest, job, school activity, errand, etc.
   6. Your trust level in his social skills.

III. Data Pertaining to Emotional Reactions Over Absence of Child
Sample Questions:

A. Tell me how your family life has been altered since the abduction. How much time do you spend personally and as a family discussing the abduction? Who talks most about it? Who the least?

B. What activities or events have either been added or deleted to your family schedule since the abduction?

C. Do you go out socially as a family? As a couple?

D. What is your reaction to police sirens, knocks at the door, or other stimuli associated with the abduction?

E. Compare your style of coping with that of other family members? Ex. Who cries? Who withdraws? Who is angry? Who leans on whom and for how long? Do you take turns being strong? How do you let people outside your family know of your varying emotional reactions? How does this compare to the means of other family members?

IV. Data Relating to Loss Sensitivity

What other losses have you or other family members experienced?

Sample Questions:

A. Tell about a time when you experienced another significant loss or personal hurt.

B. How did you cope with that/ Who was a resource? For how long did you need that person? Was there anyone who was not helpful or who was unapproachable?

C. How did those experiences compare to your feelings of loss surrounding the abduction? Are those same sources still available to you? Any changes in resources? Can you imagine yourself receiving the type of help you perceive as needed?

D. How do you explain losses in general fitting into life? What is your philosophy about losses in life?

V. Data Aimed at Level of Loss Assessment
Sample Questions:

A. Considering your previous experiences with the pain of loss, how would you rate your degree of pain on a scale of 1-100, 100 being high?

B. How do you see yourself and other family members currently as compared to the time prior to the abduction?

C. How do you take care of your pain and that of other family members? Do you allow others to care for you? How? In what ways?

D. What/Who maintains your sense of hope in eventually locating your child?

E. How would it be for you not to sustain your hope? What would it take for you to lose or give up such hope?

F. How do you compare your hope percentage as time goes on? Ex. Level of hope after one day's absence, one week's absence, one month's absence, three month's absence, six month's absence, one year's absence, 2 year's absence, three year's absence, four to five years, six plus year's absence.

G. How do you balance dealing with hope versus despair? Optimism versus depression?

H. What needs to happen before your child is located?

I. What are the first five things you would do if your child were found?

VI. Data Aimed at Assessing Energy Connected to Missing Child

Sample Questions:

A. What is your prediction, idea, or fantasy of locating your child? Have you shared this with anyone? In what ways has this sharing been a mutual process? What do you believe other family members see in terms of such a reunion?

B. Have your ideas of finding your child changed over time? Describe this relationship between time, the intensity of your hopes for a reunion, and the changes that have occurred over time?

C. Day to day, how do you live with the absence of your child?

1. How much time do you and others spend per week dealing with this absence?
2. How do you picture your child having changed since his disappearance? Height? Weight? General appearance?

3. How would you describe your parenting style to your other children? More or less protective? Closer relationships or more distant?
4. What part of your routine duties and responsibilities are the most and least enjoyable since the time of the abduction?
5. Are your other children allowed to use the abducted child's possessions? Do they want to or not?
6. Have you made any significant changes in the abducted child's room? Memorabilia in general--pictures, favorite possessions. Are favorite foods served? Jokes/stories told that child enjoyed?

VII. Data Measuring Level of Perceived Cultural Support
Sample Questions:

A. How have you perceived the larger community responding to you? What has been most helpful? The least helpful?

B. What would you do to change the type of support you have had?

C. In your opinion, how efficiently and actively are others seeking for your child? How would you describe your relationship to the police, FBI, media, etc.?

D. How has the level of community support changed since Day One of the abduction?

VIII. Data Assessing Grief Complications
Sample Questions:

A. How satisfactorily do you perceive you and your family coping with this loss?

B. How has your family atmosphere been altered by the abduction?

C. How often does your family review the events prior to the abduction?

D. Do you wish that you had done or not done anything different that might have prevented the abduction?

E. What attitudes/expectations do you perceive from other sources? Blame? At fault? Negligent?

F. What messages do you receive from the community now about the abduction? Crank calls? Hostile calls? People after reward money?

IV. Data Assessing Sibling Loss
Sample Questions:

A. Which sibling had the closest/most distant relationship with the abducted child?

B. How has the absence affected their daily lives? School attendance and performance? Out-of-home activities? Weight loss/gain? Moods? Peer relationships?

C. How do your children talk about their abducted sibling? Denial? Guilt? Acceptance? Avoidance?

D. In what ways is your relationship different with them now? How has that changed? What degree of supervision is comfortable/painful for you now?

X. Data Assessing Potential of Positive Bereavement Recovery

A. What are the five or six hardest feelings to experience?

B. What resources do you have or could you develop?

C. How do you see yourself, define yourself as the parent of a missing child? Do others allow this self-perception?

D. What inner resources are or would be of help to continue your search?

Panel of Judges

Michael Benak, M.S.W.
Therapist in Child and Adolescent Treatment Center
Mason City, Iowa

Kathy Cobb, M.S.W.
Therapist in Child and Adolescent Treatment Center
Des Moines, Iowa

Richard Doriglass, Ph.D., A.C.S.W.
Program Director in Residential Treatment Center
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Rita Paxson, A.C.S.W.
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Therapist in Child and Adolescent Treatment Center
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Residential Treatment Center
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Patricia Vedder, A.T.R., M.A.T.
Therapist in Residential Treatment Center
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Linda Vold, Program Director
In-Home Family Services
Mason City, Iowa

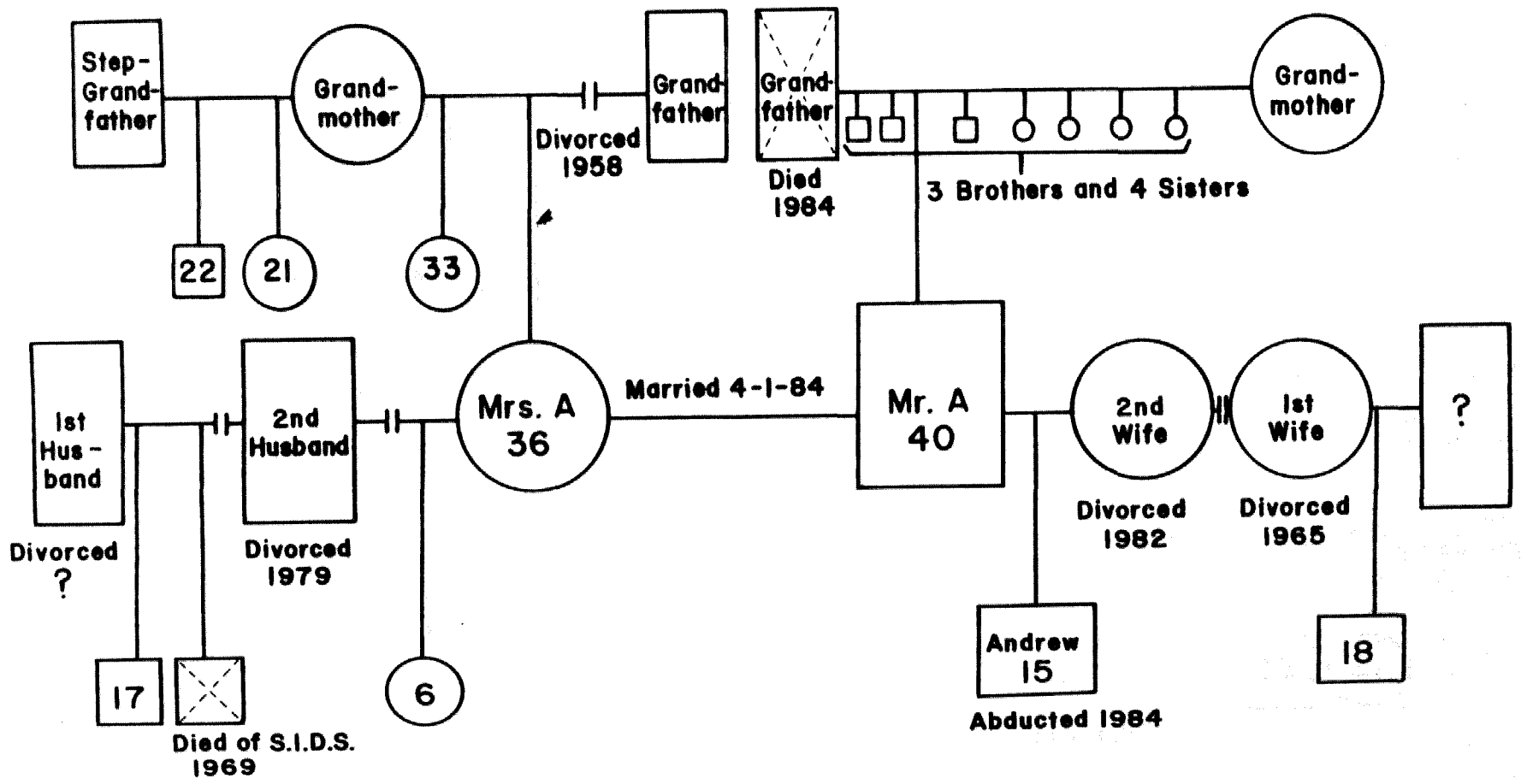
Diane Worick, Program Director
Evaluation and Assessment Center of Children and Adolescents
Des Moines, Iowa

Deborah Yunker, M.A.
Therapist in Child and Adolescent Residential
Treatment Center
Mason City, Iowa

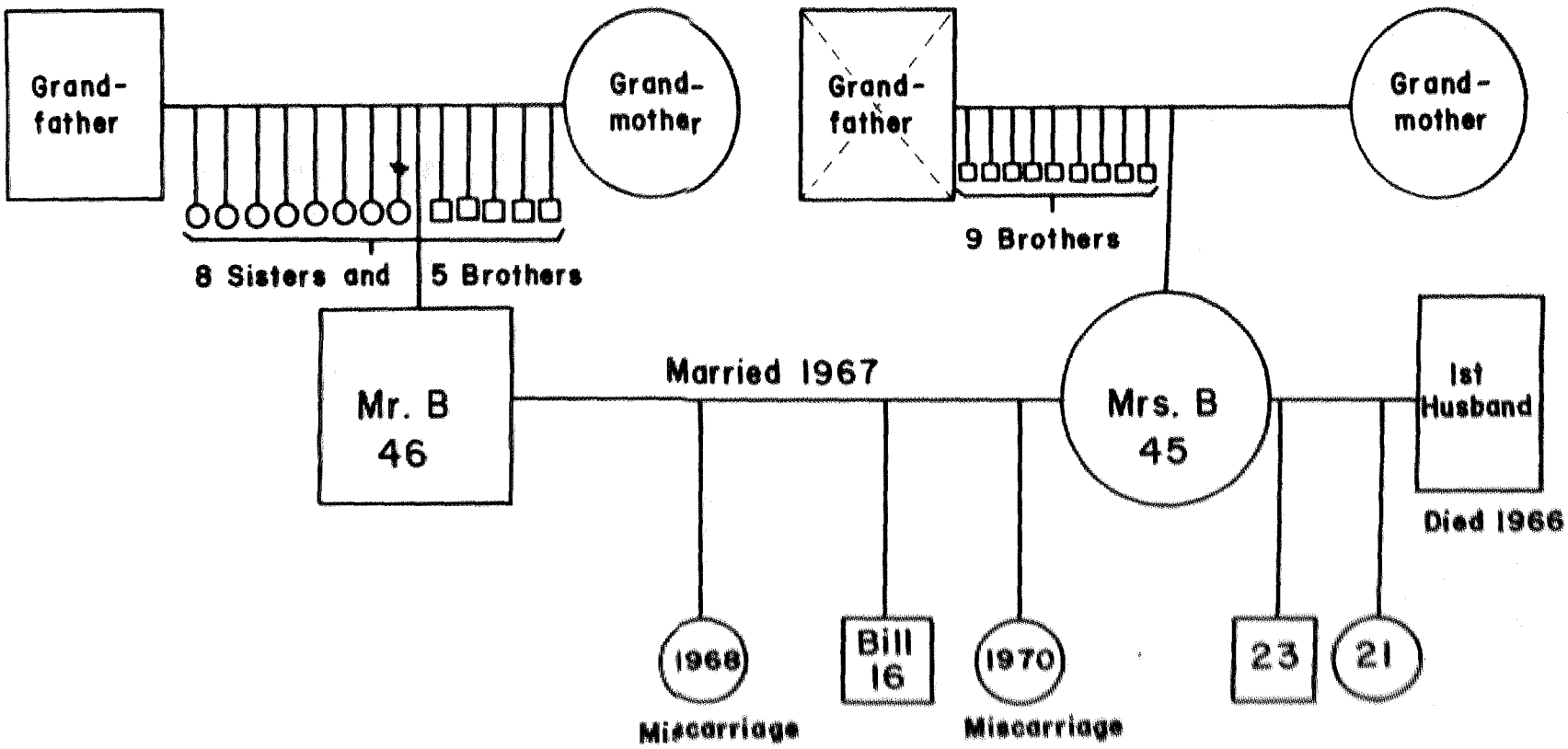
APPENDIX H

GENOGRAMS

FAMILY A


Step-Grand-father
Grand-mother
Divorced 1958
Grand-father
Grand-father
Died 1984
Grand-mother
3 Brothers and 4 Sisters
22
21
33
1st Hus-band
Divorced ?
2nd Husband
Divorced 1979
Mrs. A 36
Married 4-1-84
Mr. A 40
2nd Wife
Divorced 1982
1st Wife
Divorced 1965
?
17
Died of S.I.D.S. 1969
6
Andrew 15
Abducted 1984
18

FAMILY B


Grand-father
Grand-mother
8 Sisters and
5 Brothers
Grand-father
Grand-mother
9 Brothers
Mr. B
46
Married 1967
Mrs. B
45
1st Husband
Died 1966
1968
Miscarriage
Bill
16
1970
Miscarriage
23
21